2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

1. Entity Nam FLORIDA	MENT # 766152 ASSOCIATION OF COUNTY MENT BUSINESS ADMINIS			04-05-2004 90056 046 ****61.25				
Principal Place of Business Mailing Address 1105 E KENNEDY BLVD P.O. BOX 5135 FISCAL OFFICE TAMPA, FL 33675 US			3		7			
2. Principal Place of Business		3. Mailing Address					<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-NP CR2E	037 (10/03)		
City & State		City & State		4. FEI Number 59-29520)97		oplied For ot Applicable	
Zip	Country	Zip	Country	5 Certificate of	Status Desired *-	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Registere	d Agent		
DICKINSON, ROSS N				Name Charles P. Stapp				
420 FENTI	RESS BLVD ABCH, FL 32114	Street Address (P.O. Box Number is Not Acceptable)						
DATIONA	(501), 12 32114	604 City O	604 Courtland St. #321 Main					
)rlando FL 32804				
8. The above	named entity submits this statement fo	r the purpose of changing its re			in the State of Florida. I a	m familiar with.	and accept	
	ions of registered agent.	$\cap i$	3			,		
the order								
SIGNATURE Charles P. Stapp 3/8/8/								
Signature, typed or printed name of registered agent acquile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent	actitle if applicable. (NOTE: R	legistered Agent signatur	re required when reinstating)	DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		eck payable to artment of Si	,	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		artment of Si	tate	
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12. I nereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, if further certify that the information indicated on this report is rue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacyment with an address, with all other like empowered.

SIGNATURE:

Charles P. Stapp

3/18/04

(407)623-1186

Daytime Phone #