

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770177

FILED
Jan 26, 2004
Secretary of State

Entity Name: THE MENTAL HEALTH CARE CENTER OF THE LOWER KEYS, INC.

Current Principal Place of Business:

1205 4TH STREET
KEY WEST, FL 3304

New Principal Place of Business:

Current Mailing Address:

1205 4TH STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2331362 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOLFE, MARSHAL
1205 FOURTH ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ILCHUCK, PETER
Address: 905 ANGELA ST
City-St-Zip: KEY WEST, FL 33040

Title: C () Delete
Name: ROWE, HELEN
Address: 2100 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: VC () Delete
Name: ZENSINGER, MARCIA
Address: 807 WASHINGTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: TOPPINO, SHARON
Address: 5901 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: FAIRBANKS, CINDY
Address: 3408 EAGLE AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: DECASTRO, GUARIONEX
Address: 702 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN ROWE

C

01/26/2004

Electronic Signature of Signing Officer or Director

_____ Date