

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770177

FILED
Feb 01, 2006
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GENNERS, DEBRA
1205 FOURTH ST
KEY WEST, FL 33040 US

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: DEBRA GENNERS

02/01/2006

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: SCHRADER, KATHLEEN
Address: 203 APACHE STREET
City-St-Zip: TAVERNIER, FL 33070

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: DOLAN-HEITLINGER, JOHN
Address: 533 PERRY COURT ROAD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SCHRADER, KATHLEEN
Address: 203 APACHE STREET
City-St-Zip: TAVERNIER, FL 33070

Title: VC (X) Change () Addition
Name: ROWE, HELEN
Address: 2100 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: T (X) Change () Addition
Name: CHASTEEN, DALE
Address: 91900 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: S (X) Change () Addition
Name: GEDMIN, JANINE
Address: 5525 COLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: WALSH, THOMAS
Address: 180 28TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D (X) Change () Addition
Name: WADHAMS, JIM
Address: 3773 HOWARDHUGHES PKWY
City-St-Zip: LAS VEGAS, NV 89109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JANINE GEDMIN

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02/01/2006

Electronic Signature of Signing Officer or Director

Date