

# 2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90077 023 \*\*\*\*61.25

DOCUMENT # N01000005921

1. Entity Name

MENTAL HEALTH CENTER OF ENGLEWOOD, INC.



Principal Place of Business

3585 S INDIANA  
ENGLEWOOD FL 34223

Mailing Address

72 WINDSOR DRIVE  
ENGLEWOOD FL 34223

2. Principal Place of Business

358 S. INDIANA

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL.

City & State

Zip

34223

Country

SARASOTA

Country

4. FEI Number

65-1133721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOHAN, DORIS K  
72 WINDSOR DRIVE  
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ED  
NAME BOHAN, DORIS K ☐ Delete  
STREET ADDRESS 72 WINDSOR DRIVE  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D  
NAME STEPHENSON, JOHNNIE ☐ Delete  
STREET ADDRESS 1185 KING FISHER DR  
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE P  
NAME WHITE, CRIS ☒ Delete  
STREET ADDRESS 1010 BAYSHORE DRIVE  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D  
NAME GLYNN, JAY ☐ Delete  
STREET ADDRESS 1700 EDUCATION AVE  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D  
NAME KELLY, CARL REV ☒ Delete  
STREET ADDRESS 551 RATONDA BLVD  
CITY-ST-ZIP ROTONDA WEST FL 33947

TITLE D  
NAME TVORACH, KAY E ☐ Delete  
STREET ADDRESS 4744 POMPANO ST  
CITY-ST-ZIP PLACIDA FL 33946

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ANN HERRER ☒ Change ☐ Addition  
NAME PRESIDENT OF BOARD  
STREET ADDRESS 1990 ILLINOIS AVE  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE TREASURER OF BOARD ☒ Change ☐ Addition  
NAME TIM SPROUT  
STREET ADDRESS 700 MEDICAL BLVD.  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE TIM KENVILLE, Director ☐ Change ☒ Addition  
NAME 6868 San Carlos Dr.  
STREET ADDRESS Englewood, FL 34223

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME TOM MURTHA  
STREET ADDRESS 900 E. PINE ST.  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME JENNIFER TURNICH, D.H.N.  
STREET ADDRESS 4955 McColl Rd.  
CITY-ST-ZIP Englewood, FL 34223

TITLE VICEPRESIDENT OF BOARD ☒ Change ☐ Addition  
NAME KAY ZTVORACH  
STREET ADDRESS SAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris K. Bohan*  
DORIS K. BOHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04 941-475-8392