2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 17, 2005 8:00 am
Secretary of State
01-10-2005 90031 009 ****61.25

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1. Entity Name
MENTAL HEALTH CENTER OF ENGLEWOOD, INC.

Principal Place of Business	Mailing Address
358 S INDIANA ENGLEWOOD, FL 34223	72 WINDSOR DRIVE ENGLEWOOD, FL 34223

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
11660 S McCall Rd	
Suite, Apt. #, etc.: Suite 1-A	Suite, Apt. #, etc.
City & State: Englewood FL	City & State
Zip: 34223 Country: Charlotte	Zip 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	7. Name and Address of New Registered Agent
BOHAN, DORIS K 72 WINDSOR DRIVE ENGLEWOOD, FL 34223	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POB MORROR, ANN 1990 ILLINOIS AVE ENGLEWOOD, FL 34223	☐ Delete	POB ANN MERCER 1990 Illinois Ave Englewood, FL 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TOB SPROUL, JIM 700 MEDICAL BLVD ENGLEWOOD, FL 34223	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENVILLE, JIM 6888 SAN CARA DR ENGLEWOOD, FL 34223	☐ Delete	Kenville, Jim 6868 SAN CASA DR Englewood, FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLYNN, JAY 1700 EDUCATION AVE PUNTA GORDA, FL 33950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNING, JENNIFER D.H.N. 4055 S MCCALL RD ENGLEWOOD, FL 34223	☐ Delete	D TURICK, JENNIFER 4055 S. McCall Rd Englewood, FL 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPOB TVORACH, KAY E 4744 POMPANO ST PLACIDA, FL 33946	☐ Delete		☐ Change ☐ Addition

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.

941-475-8397

SIGNATURE: Doris K Bohan, Ed LMHC, Exp Dir 1-6-64
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #