2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 17, 2006 8:00 am
Secretary of State
04-03-2006 90401 011 ****70.00

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

66010243

Principal Place of Business	Mailing Address
1460 S MC CALL RD SUITE 1-A ENGLEWOOD, FL 34223	72 WINDSOR DRIVE ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

01162006 No Chg-NP CR2E037 (11/05)

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

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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 Doris K. Bohan 1-24-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	POB
NAME	MERCER, ANN
STREET ADDRESS	1990 ILLINOIS AVE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	TOB
NAME	SPROUL, JIM
STREET ADDRESS	700 MEDICAL BLVD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	KENVILLE, JIM
STREET ADDRESS	4868 SAN CASA DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	GLYNN, JAY
STREET ADDRESS	1700 EDUCATION AVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	TURNICK, JENNIFER
STREET ADDRESS	4055 S MCCALL RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	VPOB
NAME	TVORACH, KAY E
STREET ADDRESS	4744 POMPANO ST
CITY-ST-ZIP	PLACIDA, FL 33946

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1-24-06 941-475-8392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #