

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 047 ****70.00

DOCUMENT # N01000005921					
1. Entity Name MENTAL HEALTH CENTER OF ENGLEWOOD, INC.					
Principal Place of Business 1460 S MC CALL RD SUITE 1-A ENGLEWOOD, FL 34223			Mailing Address 72 WINDSOR DRIVE ENGLEWOOD, FL 34223		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 MERCER, ANN 1990 ILLINOIS AVE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOB SPROUL, JIM 700 MEDICAL BLVD ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENVILLE, JIM 4868 SAN CASA DR ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLYNN, JAY 1700 EDUCATION AVE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNICK, JENNIFER 4055 S MCCALL RD ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOB TVORACH, KAY E 4744 POMPANO ST PLACIDA, FL 33946	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIM CRACHUR TOB 1010 ORANGE ST ENGLEWOOD, FL 34223				
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAR JONES VOB 855 CHALKER DR Venice, Fl. 34293				
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>Doris K. Bohan</i> 941-1-15-07 475-8392					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
DORIS K. BOHAN					