

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90125 027 ****61.25

DOCUMENT # N01000005921

1. Entity Name

MENTAL HEALTH CENTER OF ENGLEWOOD, INC.



Principal Place of Business

**72 WINDSOR DRIVE
ENGLEWOOD FL 34223**

Mailing Address

**72 WINDSOR DRIVE
ENGLEWOOD FL 34223**

2. Principal Place of Business

958 S. INDIANA

3. Mailing Address

72 WINDSOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

ENGLEWOOD, FL.

City & State

Englewood FL

4. FEI Number **65-1133721**

Applied For

Not Applicable

Zip

34223

Country

SARASOTA

Zip

34223

Country

SAR

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

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

TITLE **VD** ☒ Delete
NAME **SCHNAUFER, LAURIE**
STREET ADDRESS **117 BUNKER ROAD**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **TSD** ☐ Delete
NAME **WHITE, CRIS**
STREET ADDRESS **1010 BAYSHORE DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE **D** ☒ Delete
NAME **DUNKLE, LARRY**
STREET ADDRESS **P O BOX 4115**
CITY-ST-ZIP **SARASOTA FL 34230**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Executive Director** ☒ Change ☐ Addition
NAME **Bolan, Doris K**
STREET ADDRESS **72 Windsor Dr**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **Director** ☐ Change ☒ Addition
NAME **JOYCE ST EPHSON**
STREET ADDRESS **1185 Kingfisher Dr**
CITY-ST-ZIP **Englewood, FL 34224**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **White Chris**
STREET ADDRESS **1010 Bayshore Dr.**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **Rv. Carl Kelly**
STREET ADDRESS **551 Catranda Blvd.**
CITY-ST-ZIP **Catranda W., FL 33947**

TITLE **New President** ☐ Change ☒ Addition
NAME **Don Mercer**
STREET ADDRESS **1990 ILLINOIS**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **D-SECT/TREAS** ☒ Change ☐ Addition
NAME **JAMES SPROUL**
STREET ADDRESS **700 MEDICAL BLVD.**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

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** RECEIVED: **DEW. Doris K Bohan** 1-22-03

CR2E037 (10/02)