

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90073 020 \*\*\*\*96.25

**DOCUMENT # N02000004033**

1. Entity Name  
**FRIENDS OF MENTAL HEALTH OF ST. JOHNS COUNTY  
FLORIDA, INC.**



Principal Place of Business  
**1955 S US 1 STE C-2  
ST AUGUSTINE, FL 32086**

Mailing Address  
**1955 S US 1 STE C-2  
ST AUGUSTINE, FL 32086**

**50065804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**03-0444454**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**OWEN, SANDRA  
1955 US 1 SOUTH  
ST AUGUSTINE, FL 32086**

Name  
**SAWHILL SANDY**

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

**1955 US 1 S. Suite B6**

**ST. AUGUSTINE, FL, 32086**

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

*Sandra Owen*

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

(NOTE: Registered Agent signature required when reinstating)

**9/6/05**

DATE

**Filing Fee is \$61.25  
Due by September 7, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DEVILLE, VALERIE ☒ Delete  
1955 US 1 SOUTH, STE. C-2  
SAINT AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HILDEBRAND, CHARLES ☒ Delete  
2441 US 1 SOUTH  
SAINT AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
OWEN, SANDRA ☒ Delete  
1955 US 1 SOUTH, STE. C2  
SAINT AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
OWEN, SANDRA ☒ Delete  
1955 US 1 SOUTH STE C-2  
ST AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MERCADO, ANTONIO ☐ Change ☒ Addition  
PRESIDENT  
977 WHITE EAGLE CIRCLE  
ST AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. PRESIDENT ☒ Change ☐ Addition  
BETTY BOYINGS  
55 RIBERIA ST, APT. 1  
ST AUGUSTINE, FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY ☒ Change ☐ Addition  
DEVILLE, VALERIE  
1955 US 1 S C2  
ST AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER ☐ Change ☒ Addition  
SAWHILL SANDY  
1955 US 1 S, B6  
ST AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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.

SIGNATURE:

*Sandra Owen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/6/05**  
Date

**904/823-4438**  
Daytime Phone #

*Betty Boyings Vice Pres.*

**9-6-05**