

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010308

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: COASTAL MENTAL HEALTH CENTER, INC.

## Current Principal Place of Business:

10 DOGWOOD TRAIL  
SUITE B  
DEBARY, FL 32763

## New Principal Place of Business:

667 DELTONA BLVD  
DELTONA, FL 32725

## Current Mailing Address:

1745 TRAVERTINE TERRACE  
SANFORD, FL 32771

## New Mailing Address:

FEI Number: 06-1827733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCALETТА, MICHAEL E  
1745 TRAVERTINE TERRACE  
SANFORD, FL 32771      US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCALETТА, TIMOTHY J  
Address: 1530 LAKE RHEA DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: MILLER, ROBERT G  
Address: 1317 AVENUE DEL SOL  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: YOUNG, PAUL C  
Address: 9034 LAKE COVENTRY COURT  
City-St-Zip: GOTHА, FL 34734

Title: D ( ) Delete  
Name: SCALETТА, JOAN L  
Address: 1745 TRAVERTINE TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: BALLARD, GINA  
Address: 690 HANGING MOSS TRAIL  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FARBER, STANLEY D  
Address: 1440 NORTH CENTRAL AVENUE  
City-St-Zip: FLAGLER, FL 32136

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E SCALETТА

RA

04/12/2009

Electronic Signature of Signing Officer or Director

Date