FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40700 (9)

1. Corporation Name

SARASOTA MENTAL HEALTH RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
C/O SUSAN CHAPMAN ESQUIRE 1927 PROSPECT ST SARASOTA FL 34239 US	C/O SUSAN CHAPMAN ESQUIRE 1800 SECOND ST. SUITE 800 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1990
3a. Date of Last Report: 02/08/1994
4. FEI Number: 65-0238526 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 530 FAVNE PARKWAY	Suite, Apt. #, etc. 27
City & State 23 SARASOTA, FL	City & State 28
Zip / Country 24 34237 / 25 SARASOTA	Zip / Country 29 / 30

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAPMAN, SUSAN ESQUIRE 1800 SECOND STREET ~~SUITE 800~~ SARASOTA FL 34236	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 790 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SUSAN CHAPMAN Susan Chapman Feb. 8, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THURAU, ALLISON 1649 PINE HARRIER CIR SARASOTA FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 900001 420503 -03/03/95--01035--020 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAPMAN, SUSAN ESQUIRE 1800 SECOND ST SUITE 800 SARASOTA FL	2.1 T / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition STEVEN MUSCO, CPA P 1549 RINGLING BLVD. SUITE 602 SARASOTA, FL 34236
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TURNER, EUGENE 435 S GULFSTREAM AVE SARASOTA FL	3.1 T / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition FRANCES DEER V.P. 2746 ORCHID OAKS DR. SARASOTA, FL. 34239
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TWITCHELL, CAROL D 2055 WOOD ST SUITE 200 SARASOTA FL	4.1 T / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition RUTH PEEPONTAINE T. 6624 GATEWAY SARASOTA, FL 34231
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 3/2/95 MSP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Chapman SUSAN CHAPMAN 2/8/95 (813)365-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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