


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90001 048 ****70.00

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| DOCUMENT # N40700 |  |
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1. Entity Name
MENTAL HEALTH COMMUNITY CENTERS, INC.

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| Principal Place of Business 240-B S TUTTLE AVE SARASOTA, FL 34237 US | Mailing Address 240-B S TUTTLE AVE SARASOTA, FL 34237 US |
|--|--|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01152004 Chg-NP CR2E037 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-0238526 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent SHULTS, THOMAS, ESQUIRE 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BRUNKEN, HARRY 4022 COUNTRY VIEW DR. SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Brunken, Harry 4022 Country View Dr. Sarasota, Fl. 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RAKOFF, MYRA M. 5165 KESTRAL PARK LANE SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Rakoff, Myra M. 5165 Kestral Park Lane Sarasota, Fl. 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LA RUSSO, JOSEPH 4888 TIVOLI AVENUE SARASOTA, FL 34235 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Drizos, Nick 1830 S. Osprey Ave. #102 Sarasota, Fl. 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD VENTIMIGLIA, JESSICA P 240 B SOUTH TUTTLE SARASOTA, FL 34237 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Coelingh, Bunny 7085 Wild Horse Circle Sarasota, Fl. 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WALLACE, WILLIAM 4683 WILLOW WOOD CIR. SARASOTA, FL 34241 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: M. Jessica Ventimiglia / M. Jessica Ventimiglia 3/25/04 941-953-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #