


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90088 007 ****70.00

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

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

20014337



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

01212005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0238526		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHULTS, THOMAS, ESQUIRE 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236		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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNKEN, HARRY			NAME			
STREET ADDRESS	4022 COUNTRY VIEW DR.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34233			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD Rakoff, Myra M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAKOFF, MYRA M			NAME			
STREET ADDRESS	5165 KESTRAL PARK LANE			STREET ADDRESS	5165 Kestral Park Lane		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP	Sarasota, Fl. 34231		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	TD Fridshal, Joan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DRIZOS, NICK			NAME			
STREET ADDRESS	1830 S. OSPREY AVE. #102			STREET ADDRESS	1219 S. East Avenue #104		
CITY-ST-ZIP	SARASOTA, FL 34239			CITY-ST-ZIP	Sarasota, Fl. 34239		
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VENTIMIGLIA, JESSICA P			NAME			
STREET ADDRESS	240 B SOUTH TUTTLE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34237			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VD Wallace, William	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, WILLIAM			NAME			
STREET ADDRESS	4683 WILLOW WOOD CIR.			STREET ADDRESS	4683 Willow Wood Circle		
CITY-ST-ZIP	SARASOTA, FL 34241			CITY-ST-ZIP	Sarasota, Fl. 34241		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COELINGH, BUNNY			NAME			
STREET ADDRESS	7085 WILD HORSE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34241			CITY-ST-ZIP			

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: <i>M. Jessica Ventimiglia</i>	<i>1/19/05</i>	<i>941 751-0427</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #