

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40700

FILED
Apr 23, 2009
Secretary of State

Entity Name: MENTAL HEALTH COMMUNITY CENTERS, INC.

Current Principal Place of Business:

240-B S TUTTLE AVE
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

240-B S TUTTLE AVE
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: 65-0238526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHINAULT, KEVIN L
240 B SOUTH TUTTLE AVE
SARASOTA, FL 34237 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: TD () Delete
Name: BROTHERTON, KRISTA
Address: 1830 S. OSPREY AVE SUITE 102
City-St-Zip: SARASOTA, FL 34239

Title: PD () Delete
Name: VAN ULLEN, LISA
Address: 626 ALHAMBRA RD #603E
City-St-Zip: VENICE, FL 34285

Title: VD () Delete
Name: CONBOY, KERRY
Address: 8425 GARDENS CIRCLE #103
City-St-Zip: SARASOTA, FL 34243

Title: ED () Delete
Name: EAGEN, CAROLYN
Address: 240 B SOUTH TUTTLE
City-St-Zip: SARASOTA, FL 34237

Title: VD () Delete
Name: COELINGH, SUZANNE
Address: 7085 WILD HORSE CIRCLE
City-St-Zip: SARASOTA, FL 34241

Title: SD () Delete
Name: ELMORE, DOUGLAS J
Address: 50 CENTRAL AVENUE SUITE 700
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: LAMANNA, JIM
Address: 6418 28TH AVE E
City-St-Zip: BRADENTON, FL 34208

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

Title: VD (X) Change () Addition
Name: FRANK, ESCOBAR
Address: 4519 MINK WAY
City-St-Zip: SARASOTA, FL 34235

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: CAROLYN EAGEN

ED

04/23/2009

Electronic Signature of Signing Officer or Director

Date