2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40700

FILED Apr 29, 2010 Secretary of State

Entity Name: MENTAL HEALTH COMMUNITY CENTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

240-B S TUTTLE AVE SARASOTA, FL 34237 US

Current Mailing Address: New Mailing Address:

240-B S TUTTLE AVE SARASOTA, FL 34237 US

FEI Number: 65-0238526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHINAULT, KEVIN L 240 B SOUTH TUTTLE AVE SARASOTA, FL 34237 US

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

Name: LAMANNA, JIM
Address: 6418 28TH AVE E
City-St-Zip: BRADENTON, FL 34208

Title: VD

Name: LARUSSO, SOPHIA Address: 4888 TIVOLI AVE City-St-Zip: SARASOTA, FL 23235

Title: PD

Name: FRANK, ESCOBAR Address: 4519 MINK WAY City-St-Zip: SARASOTA, FL 34235

Title: ED

 Name:
 EAGEN, CAROLYN

 Address:
 240 B SOUTH TUTTLE

 City-St-Zip:
 SARASOTA, FL 34237

Title: VD

Name: COELINGH, SUZANNE
Address: 7085 WILD HORSE CIRCLE
City-St-Zip: SARASOTA, FL 34241

Title: SD

Name: ELMORE, DOUGLAS J

Address: 50 CENTRAL AVENUE SUITE 700

City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN EAGEN ED 04/29/2010