

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40700

FILED
Apr 27, 2012
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
Name: BRITTINGHAM, ROBERT
Address: P.O. BOX 15054
City-St-Zip: SARASOTA, FL 34277

Title: VD
Name: LARUSSO, SOPHIA
Address: 4888 TIVOLI AVE
City-St-Zip: SARASOTA, FL 34235

Title: PD
Name: MYRA, RAKOFF
Address: 5165 KESTRAL PARK LANE
City-St-Zip: SARASOTA, FL 34231

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

Title: VD
Name: CLINT, MALLARD
Address: 5033 VIVIENDA WAY
City-St-Zip: SARASOTA, FL 34235

Title: SD
Name: SHERYL, CORGAN
Address: 842 W DOUGLAS CT.
City-St-Zip: VENICE, FL 34293

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

04/27/2012

Electronic Signature of Signing Officer or Director

Date