2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90059 026 ****70.00

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DOCUMENT # N40700

1. Entity Name
MENTAL HEALTH COMMUNITY CENTERS, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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

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

5. Certificate of Status Desired ☒ **$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	TD BRUNKEN, HARRY 4022 COUNTRY VIEW DR. SARASOTA FL 34233	☐ Delete	VD Brunken, Harry 4022 Country View Dr. Sarasota, FL 34233	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAKOFF, MYRA M. 5165 KESTRAL PARK LANE SARASOTA FL 34231	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LA RUSSO, JOSEPH 4888 TIVOLI AVENUE SARASOTA FL 34235	☐ Delete	PD La Russo, Joseph 4888 Tivoli Avenue Sarasota, FL 34235	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD VENTIMIGLIA, JESSICA P 240 B SOUTH TUTTLE SARASOTA FL 34237	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CANNON, JOHN V III 200 SOUTH ORANGE AVENUE SARASOTA FL 34236	☒ Delete	TD Wallace, William 4683 Willow Wood Circle Sarasota, FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Jessica P. Ventimiglia 1/6/02 941-953-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR