# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:26

DOCUMENT # N43517 (4)

1. Corporation Name
FLORIDA PSYCHIATRIC SOCIETY FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 521 E PARK AVE<br>TALLAHASSEE FL 32301 | 521 E PARK AVE<br>TALLAHASSEE FL 32301 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1991
3a. Date of Last Report: 05/09/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, MARGO S.
521 E. PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Margo S. Adams — 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BENSON, SCOTT R | 12 NAME | |
| STREET ADDRESS | 5190 BAYOU BLVD. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | JORDAN, JAMES A. | 22 NAME | |
| STREET ADDRESS | 2340 N.E. 53RD STREET | 23 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SPREHE, DANIEL J. | 32 NAME | |
| STREET ADDRESS | 600 MARTIN LUTHER KING | 33 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | EKWALL, MERTON L | 42 NAME | |
| STREET ADDRESS | 3380 W LAKESHORE DR | 43 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | REMITTED BY MAY 1 ☐ Change ☐ Addition |
| NAME | VIRZI, JOSEPH A. | 52 NAME | |
| STREET ADDRESS | 2140 CORPORATE SQUARE BL | 53 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 54 CITY-ST-ZIP | |
| TITLE | PSF D | 61 TITLE | P ☑ Change ☐ Addition |
| NAME | MULLER, W. JOSEPH | 62 NAME | FRANK A MICHAS, MD |
| STREET ADDRESS | 1215 LOUISIANA AVE | 63 STREET ADDRESS | 835 CARMEL DR. |
| CITY-ST-ZIP | WINTER PARK FL | 64 CITY-ST ZIP | FT WALTON BCH FL |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M F Michas MD — 4/28/95 — 904/222-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001020