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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N43517** **(4)**

1. Corporation Name

FLORIDA PSYCHIATRIC SOCIETY FOUNDATION, INC.

Principal Place of Business	Mailing Address
521 E PARK AVE TALLAHASSEE FL 32301	521 E PARK AVE TALLAHASSEE FL 32301-2524

3. Date Incorporated or Qualified: **05/21/1991**
3a. Date of Last Report: **02/29/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Margo S. Adams 2/10/97
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	DD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENSON, SCOTT R		1.2 NAME		
STREET ADDRESS	5190 BAYOU BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, JAMES A.		2.2 NAME		
STREET ADDRESS	2340 N.E. 53RD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPREHE, DANIEL J.		3.2 NAME		
STREET ADDRESS	800 MARTIN LUTHER KING		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EKWALL, MERTON L		4.2 NAME		
STREET ADDRESS	3380 W LAKESHORE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VIRZI, JOSEPH A.		5.2 NAME		
STREET ADDRESS	2140 CORPORATE SQUARE BL		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MICHAS, GEORGE A MD		6.2 NAME		
STREET ADDRESS	235 CARMEL DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 2/Feb 97 904 926 0877