

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 07, 1996 08:00 AM
Secretary of State

DOCUMENT # N43669 (3)

1. Corporation Name

FLORIDA CONSUMER ACTION COUNCIL FOR MENTAL HEALTH, INC.



Principal Place of Business

Mailing Address

301 N.MERIDIAN ST.
SUITE 2
TALLAHASSEE FL 32301

301 N.MERIDIAN ST.
SUITE 2
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

05/29/1991

3a. Date of Last Report

12/27/1995

2. Principal Place of Business

21 304 N. Meridian St.

Suite, Apt. #, etc.

22 Suite 2

City & State

23 Tallahassee, FL

Zip Country

24 32301-7632

25 LEON

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

4. FEI Number

59-3083863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MALINDA BARRETT
2136 CASTOR COURT APT 2

TALLAHASSEE FL 32303

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

Malinda C. Barrett

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS WATTS, STEPHEN
CITY-ST-ZIP 1317 NORTH M STREET
LAKE WORTH FL 33480

TITLE ☐ DELETE
NAME V
STREET ADDRESS STACY ALLEN
CITY-ST-ZIP 1221 32ND ST WEST
BRADENTON FL 34205

TITLE ☐ DELETE
NAME T
STREET ADDRESS HARRINGTON, HARRY
CITY-ST-ZIP NEFSH BOX 516
MACCLENNY FL 34205

TITLE ☐ DELETE
NAME SD
STREET ADDRESS BEVERY SEIPLE
CITY-ST-ZIP 1212 POPPY AVE
PENSACOLA FL 32507

TITLE ☐ DELETE
NAME D
STREET ADDRESS BARRETT, MALINDA
CITY-ST-ZIP 304 N. MERIDIAN ST. STE 2
TALLAHASSEE FL 32301

TITLE ☒ DELETE
NAME PD
STREET ADDRESS SEIPLE, BEVERLY
CITY-ST-ZIP 1212 POPPY AVE.
PENSACOLA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME PD
6.3 STREET ADDRESS Mark Moening
6.4 CITY-ST-ZIP 6416 Perry Street
Hollywood, FL 33024

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)(k), 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:

Malinda C. Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-96

Date

922-1386

Daytime Phone #

CR2E037 (12/95)