

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N43669

(3)

1. Corporation Name

FLORIDA CONSUMER ACTION COUNCIL FOR MENTAL HEALTH, INC.

Principal Place of Business

Mailing Address

1212 POPPY AVE
PENSACOLA FL 32507
US

1212 POPPY AVE
PENSACOLA FL 32507
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

81 Name

SEIPLE, BEVERLY
1212 POPPY AVE
PENSACOLA FL 32507

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

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIPLE, BEVERLY		1.2 NAME	
STREET ADDRESS	1212 POPPY AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY ALLEN		2.2 NAME	
STREET ADDRESS	1221 32ND ST WEST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, MARLENE		3.2 NAME	
STREET ADDRESS	731 F COLLEGE AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CAROLYN		4.2 NAME	
STREET ADDRESS	1261 NW 36TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DAVE		5.2 NAME	
STREET ADDRESS	12746 80TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND FL		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/98 850 455 2479

CR2E037 (5/98)

FILED

Jul 23 1998 8:00am
Secretary of State