


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUN 15 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43669

1. Corporation Name

FLORIDA CONSUMER ACTION COUNCIL for MENTAL HEALTH, INC

Principal Place of Business

1212 Poppy Ave
Pensacola, FL 32507 US

Mailing Address

1212 Poppy Ave.
Pensacola, FL 32507 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 600 South Beach Street	26 Box 265902	5/29/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 Apt # 6M PO Box 265902	27 600 South Beach St Apt 6M	# 59-3083863
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Daytona Beach, FL 32114-5033	28 Daytona Beach, FL 32114	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Country
24 32114-5033	29 32114-5033	30 Volusia

9. Name and Address of Current Registered Agent

Beverly Seiple
1212 Poppy Ave
Pensacola, FL 32507 US

10. Name and Address of New Registered Agent

81 Name
Michael Wright
82 Street Address (P.O. Box Number is Not Acceptable)
175-2A Blanding Bld
83
84 City
Orange Park FL 85 Zip Code
32073

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 Michael Wright

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/24/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	Seiple, Beverly <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Gary Quick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1212 Poppy Avenue	1.2 NAME	600 South Beach Street
STREET ADDRESS	Pensacola, FL	1.3 STREET ADDRESS	Apt # 6M
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Daytona Beach, FL 32114-5033
TITLE VD	Allen, Stacy <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	Robert L. Mayrand <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1221 32nd Street West	2.2 NAME	3255 Bliss Road
STREET ADDRESS	Bradenton, FL	2.3 STREET ADDRESS	Orange Park, FL 32065-6803
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	Roberts, Dave <input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	Richard Varner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12746 80th Ave	3.2 NAME	93 Michael Way
STREET ADDRESS	Roseland, FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Eastpoint, FL 32328
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	Carolyn, Wilson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	1251 NW 36th Street
STREET ADDRESS		4.3 STREET ADDRESS	Miami, FL 33142
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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)(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, with all other like empowered.

SIGNATURE: Robert L. Mayrand Robert L. Mayrand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/99

Date

904-264-4082

Daytime Phone #

CR2E037 (11/98)