


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
89 AUG 12 PM 1:26  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 43669

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	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/29/1991
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3083863
24 Country	29 Country	Applied For
	30	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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Seiple, Beverly  
1212 Poppy Ave  
Pensacola, FL 32507

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

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 Beverly Seiple, President 7/27/99  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	Seiple, Beverly	12 NAME	300002964889--7
STREET ADDRESS	1212 Poppy Ave	13 STREET ADDRESS	-08/19/99--01083--013
CITY-ST-ZIP	Pensacola, FL 32507	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	VD	21 TITLE	
NAME	Allen, Stacy	22 NAME	
STREET ADDRESS	1221 32nd St West	23 STREET ADDRESS	
CITY-ST-ZIP	Bradenton FL 34209	24 CITY-ST-ZIP	
TITLE	VP D	31 TITLE	
NAME	Roberts, Dave	32 NAME	
STREET ADDRESS	12746 50th Ave	33 STREET ADDRESS	
CITY-ST-ZIP	Roseland FL 32507	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Beverly Seiple 7/27/99 850 455-2479  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (11/98)