

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended UBR

DOCUMENT # *1143669*

1. Entity Name
*FLORIDA CONSUMER ACTION
COUNCIL FOR MENTAL HEALTH, INC*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -5 PM 1:42

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 S. BEACH ST.

3. Mailing Address

Suite, Apt. #, etc.

UNIT 6M

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

Zip

32114

Country

USA

Zip

Country

4. FEI Number

59-3083863

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GARRETT D. QUICK

Street Address (P.O. Box Number is Not Acceptable)

600 S. BEACH ST., UNIT 6M

City

DAYTONA BEACH, FL

Zip Code

32114

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT / CEO / Director GARRETT D. QUICK 600 S. BEACH ST. UNIT 6M DAYTONA BEACH, FL 32114</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LAURA M. FAUNCE 2060 BOUGAINVILLEA ST. SARASOTA, FLA. 34239</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT, SEC. V Director TREAT</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ASS'T SEC. Y (TREAS. LINDA L. RUSKOVICK 248 BLUE HERON LAKE ORMOND BEACH, FLA. 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>700007543517--5 -09/05/02--01054--001 *****70.00 *****70.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*