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

Amended

FILED

02 SEP 20 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/02/02--01003--009
DO NOT WRITE IN THIS SPACE *****70.00

DOCUMENT # N93609

1. Entity Name: Florida Consumer Action Council for Mental Health INC

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2. Principal Place of Business	3. Mailing Address
1212 Poppy Ave	1212 Poppy Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Pensacola FL	
City & State:	City & State: Pensacola FL
Zip: 32507 Country: ES Cambia	Zip: 32507 Country: ES Cambia

4. FEI Number: 59-3083863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Beverly Seiple President

Street Address (P.O. Box Number is Not Acceptable): 1212 Poppy Ave

City: Pensacola FL Zip Code: 32507

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: B J Seiple 9 17 02

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	President
NAME	Beverly Seiple
STREET ADDRESS	1212 Poppy Ave
CITY-ST-ZIP	Pensacola, FL 32507
TITLE	Regina Ann Hutton Treas Secy
NAME	
STREET ADDRESS	110 Ariola Ave
CITY-ST-ZIP	Pensacola Fla 32562
TITLE	Stacy Allen V. President
NAME	
STREET ADDRESS	1221 32nd St W
CITY-ST-ZIP	Bradenton FL 34205
TITLE	Dave Roberts V-President ACTING
NAME	
STREET ADDRESS	Box 994
CITY-ST-ZIP	Roseland FL 32957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

9/20/02

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: B J Seiple 9 17 02 850 455 2479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Beverly Seiple