


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90078 014 \*\*\*\*61.25

<b>DOCUMENT # N43669</b> 1. Entity Name <b>FLORIDA CONSUMER ACTION COUNCIL FOR MENTAL HEALTH, INC.</b>	
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Principal Place of Business <b>3255 BLISS ROAD ORANGE PARK, FL 32065 US</b>	Mailing Address <b>3255 BLISS ROAD ORANGE PARK, FL 32065 US</b>
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**DO NOT WRITE IN THIS SPACE**



06172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3083863</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WRIGHT, MICHAEL 175-1 BLANDING BLVD ORANGE PARK, FL 32073</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to "</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYRAND, ROBERT L 3255 BLISS ROAD ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KITAZAWA, LINDA 121 JUPITER LANE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARNER, RICHARD 93 MICHAEL WAY BOX 571 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert L Mayrand  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/17/05 904-278-5699  
Date Daytime Phone #