

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -4 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/8

DOCUMENT # N43669 1. Entity Name FLORIDA CONSUMER ACTION COUNCIL FOR MENTAL HEALTH INC DISTRICT 4					
Principal Place of Business 3255 BLISS ROAD ORANGE PARK, FL 32065 US				Mailing Address 3255 BLISS ROAD ORANGE PARK, FL 32065 US	
2. Principal Place of Business 3255 Bliss Road		3. Mailing Address 3255 Bliss Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10162006 REIN-NP CR2E099 (11/05)	
City & State ORANGE PARK FL		City & State ORANGE PARK FL		4. FEI Number 59-3083863	
Zip 32065		Country CLAY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, MICHAEL 175-1 BLANDING BLVD ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 DATE 11/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYRAND, ROBERT L 3255 BLISS ROAD ORANGE PARK, FL 32065			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KITAZAWA, LINDA 121 JUPITER LANE ORANGE PARK, FL 32073			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARNER, RICHARD 93 MICHAEL WAY BOX 571 EASTPOINT, FL 32328			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.				600081741656 11/13/06--01050--009 **61.25	
SIGNATURE: PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 11/30/06 <small>Date</small>	

Pxe 2/3

November 06, 2006

Dear Sir,

I spoke with one of your representative and he advised me, since we didn't receive any prior notice for the annual fee, he would send the enclosed form.

We are a handicapped/disabled organization operating on our social security benefits. We can't afford the total reinstatement fee.

Anything you can do to help us would be greatly appreciated.

We thank you in advance for your help.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Robert L. Mayrand".

Robert L. Mayrand, President

DPK 3013

**Florida Consumer Action Council
for
Mental Health
District 4 Inc
3255 Bliss Road
Orange Park, Fl 32065
Office: 904-264-6398
Cell: 904-662-0202**

December 7, 2006
Ref. Number: N43669
Non receipt of notification to renew Corporation renewal

Dear Ms. Carter,

We did not receive a first or second notice for renewal of our Corporation.
Our address is:

Florida Consumer Action Council Inc, District 4
3255 Bliss Road
Orange Park, Florida 32065
Our **NEW** phone number is: 904-264-6398

Our phone number has changed.

We hope this will complete our reinstatement at the 61.00 fee.

We thank you in advance for your help.

Sincerely,



Robert L Mayrand, FCACMH, President