

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N43669

1. Entity Name
FLORIDA CONSUMER ACTION COUNCIL FOR MENTAL
HEALTH INC DISTRICT 4



FILED

08 NOV -3 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box
3255 Bliss Road
Suite, Apt. #, etc.

3. Mailing Address
3255 Bliss Road
Suite, Apt. #, etc.

City & State
Orange Park FL

City & State
Orange Park FL

Zip
32065

Country
FLA

Zip
32065

Country
FLA

REINSTATEMENT 08

10082008 REIN-NP CR2E089 (1/07)

8. Name and Address of Current Registered Agent
WRIGHT, MICHAEL
175-1 BLANDING BLVD
ORANGE PARK, FL 32073

4. FEI Number
59-3083863

Applied For
Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| 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 checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP 5014N DOGGESS 3255 Bliss Road O.P. FL 32065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300136742773 10/08/08--01025--001 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: Robert L. Mayrand 10/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DC 11/5