## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # N9600000389  1. Entity Name LIFE QUEST FOUNDATION FOR LOCK TOWNS COMMUNITY MENTAL HEALTH CENTER, INC.									05-03-2	2004 9105	55 036 ****	61.25
Principal Place of Business 20201 NORTHWEST 37TH AVENUE MIAMI, FL 33056			Mailing 2020	Mailing Address 20201 NORTHWEST 37TH AVENUE MIAMI, FL 33056				24065995				
2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04272004	Chg-NP	CR2I	E037 (10/03)	
City & State			Cit	City & State				4. FEI Number Applied For 65-6193024 Not Applicable				
Zip	-	Country	Zip		_ Cou	ntry		5. Certificate	of Status Desi	red 🔲	\$8.75 Add	ditional
	6. Name	and Address of Curr	ent Registere	d Agent				7. Name and	Address of N	ew Register	ed Agent	
NEWMAN, 20201 NW MIAMI, FL	37TH AV					Name Street A	ddress (F	P.O. Box Numb	er is Not Accep	otable)		
					Ì	City		<del></del>		F	Zip Cod	е
	named entity tions of regist	y submits this statemer ered agent.	nt for the purp	ose of changing its	registere	ed office o	r register	ed agent, or bo	th, in the State	of Florida. 1	am familiar with.	and accept
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SIGNATURE.	Signature, typed	or printed name of registered a	gent and title if app	licable. (NOTE	Registered	J Agent signat	ure required	when reinstating)		DAT	'E	<del></del> -
SIGNATURE.	Filing Fe	or printed name of registered a	igent and title if app	9. Election Cam Trust Fund C	npaign Fi	inancing	ure required	when reinstating) \$5.00 May E Added to Fees	ie	Make ch	eck payable to	
	Filing Fe	e is \$61.25		9. Election Carr	npaign Fi	inancing		\$5.00 May E		Make ch Florida Dej	eck payable t	tate
	Filing Fe Due by M	e is \$61.25 lay 1, 2004 OFFICERS AND FF, HAROLD EDWARTHWEST 37TH A	DIRECTORS	9. Election Carr	npaign Fi contribution 11. TITLE NAME	inancing on.		\$5.00 May E		Make ch Florida Dej	eck payable to partment of Si	tate
10. TITLE NAME STREET ADDRESS	PD PATRICO 20201 NO MIAMI, FL TD MARKELS 8000 E DF	e is \$61.25 lay 1, 2004 OFFICERS AND FF, HAROLD EDW/ PRTHWEST 37TH A 33056 SON, ALLEN	DIRECTORS	9. Election Cam Trust Fund C	TITLE NAME CITY- TITLE NAME STREE CITY- TITLE NAME STREE	inancing on.		\$5.00 May E		Make ch Florida Dej	eck payable to partment of SI DIRECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD PATRICO 20201 NO MIAMI, FL TD MARKELS 8000 E DF	o is \$61.25 lay 1, 2004  OFFICERS AND  FF, HAROLD EDW/ PRTHWEST 37TH A  33056  SON, ALLEN R 302 LLAGE, FL 33141  VERNON V. 37 AVE	DIRECTORS	9. Election Carr Trust Fund C	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE	inancing on.	A	\$5.00 May E Added to Fees DDITIONS/CH	ANGES TO OF	Make ch Florida Dej FICERS AND	eck payable to partment of Sin DIRECTORS IN Change	tate 7 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD PATRICO 20201 NO MIAMI, FL TD MARKELS 8000 E DF N BAY VIII D HAYES, V 20201 NW	o is \$61.25 lay 1, 2004  OFFICERS AND  FF, HAROLD EDW/ PRTHWEST 37TH A  33056  SON, ALLEN R 302 LLAGE, FL 33141  VERNON V. 37 AVE	DIRECTORS	9. Election Carr Trust Fund C	TILLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE STREE STREE	inancing on.  E ET ADDRESS ST-ZIP  E ET ADDRESS ST-ZIP  E ET ADDRESS ST-ZIP	A	\$5.00 May E Added to Fees DDITIONS/CH	ANGES TO OF	Make ch Florida Dej FICERS AND	eck payable to partment of Si DIRECTORS IN Change	tate 110 Addition Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Daytime Phone #