

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90100 042 ****70.00

0050327

DOCUMENT # N96000001278

1. Corporation Name

ROME APARTMENTS, INC.

Principal Place of Business

5707 NORTH 22ND STREET
TAMPA FL 33610

Mailing Address

5707 NORTH 22ND STREET
TAMPA FL 33610



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

59-3367808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

MENTAL HEALTH CARE, INC.
5707 NORTH 22ND STREET
TAMPA FL 33610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CHOATE, ROBERT COL.
STREET ADDRESS 2405 CAROLINA AVENUE
CITY-ST-ZIP TAMPA FL 33629

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ST ☐ DELETE
NAME HOWARD, DALE
STREET ADDRESS CENTURY 21/UNK REALTY, 1905 E BAKER ST #2
CITY-ST-ZIP PLANT CITY FL 33567

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MELLAN, WILLIAM A DR.
STREET ADDRESS HCC- ADMINIST., P O BOX 31127 N/A
CITY-ST-ZIP TAMPA FL 33631

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 39 Columbia Drive
3.4 CITY-ST-ZIP Suite 321
Tampa, Florida 33606

TITLE D P ☐ DELETE
NAME PARSONS, SALLY
STREET ADDRESS 908 BRUCE STREET
CITY-ST-ZIP TAMPA FL 33606

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BARRON, ELIZABETH
STREET ADDRESS 3325 BAYSHORE BL., SUITE F-34
CITY-ST-ZIP TAMPA FL 33629

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME THOMAS, GEORGE PH.D.
STREET ADDRESS 11405 ORILA DEL RIO PLACE
CITY-ST-ZIP TAMPA FL 33617

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS John Rogers
6.4 CITY-ST-ZIP 6603 Stafford Road
Plant City, FL 33656

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

(813) 212-2878 ext 212

Daytime Phone #

CR2E037 (11/98)