

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90002 050 ****70.00

DOCUMENT # N96000001278 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		02052004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3367808				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENTAL HEALTH CARE, INC. 5707 NORTH 22ND STREET TAMPA, FL 33610			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	D CHOATE, ROBERT COL 2866 BAYSHORE TRAILS DR TAMPA, FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALLAS, ED 2506 LANCER DR TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALLAS, ED 10401 SNUG HARBOR RD., #241 ST. PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLAN, WILLIAM A DR. 1206 N PARK AVE PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JULIAN I. 5707 N. 22ND STREET TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARONS, SALLY 51035 MACDILL AVE TAMPA, FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARONS, SALLY 5103 S. MACDILL AVE. TAMPA, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, ELIZABETH 3325 BAYSHORE BL., SUITE F-34 TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, NANCY 625 BOSSPORUS AVENUE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSOLIO, JOHN 3403 FOREST BRIDGE CIR. BRANDON, FL 33511	
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: <u>Sally Parsons 2/6/04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

54021351

