

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 008 ****61.25

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|---|-------------------------|--|--|--|--|
| DOCUMENT # N96000005017 | | | | | |
| 1. Entity Name THE FLORIDA COUNCIL FOR BEHAVIORAL HEALTHCARE, INC. | | | | | |
| Principal Place of Business 316 EAST PARK AVE. TALLAHASSEE, FL 32301 | | | Mailing Address 316 EAST PARK AVE. TALLAHASSEE, FL 32301 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3430322 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SHARPE, BOB 316 EAST PARK AVENUE TALLAHASSEE, FL 32301 | | | 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, 2005 | | 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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DREGGORS, WAYNE | | NAME | Michael Becker | |
| STREET ADDRESS | 1220 WILLIS AVENUE | | STREET ADDRESS | 5850 T. G. Lee Road | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | | CITY-ST-ZIP | Orlando, FL 32822 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIGGS, TOM | | NAME | Veronica Valentine | |
| STREET ADDRESS | 1437 SOUTH BELCHER RD | | STREET ADDRESS | 5776 St. Augustine Road | |
| CITY-ST-ZIP | CLEARWATER, FL 33764 | | CITY-ST-ZIP | Jacksonville, FL 33169 | |
| TITLE | TS | <input checked="" type="checkbox"/> Delete | TITLE | TS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARROCCO, JOHN | | NAME | Tom Riggs | |
| STREET ADDRESS | 4211 EAST BUSCH BLVD H | | STREET ADDRESS | 1437 S. Belcher Rd. | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | Clearwater, FL 33764 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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>Bob Sharpe</u> | | | Date: 4/28/05 (850) 224-6048 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |