

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005017

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE FLORIDA COUNCIL FOR BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

316 EAST PARK AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

316 EAST PARK AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3430322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPE, BOB
316 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SHARPE, BOB PRES
316 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: BOB SHARPE

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: VALENTINO, VERONICA
Address: 5770 ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: KASSAB, JERRY
Address: 1880 MERCY DR
City-St-Zip: ORLANDO, FL 32808

Title: SD () Delete
Name: JARDON, MARIO
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: CHERRY, JON
Address: 515 W MAIN ST
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: KASSAB, JERRY
Address: 1880 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: VD (X) Change () Addition
Name: RUIZ, MARY
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 34206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB SHARPE

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date