2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2010
Secretary of State

DOCUMENT# N96000005017

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 PRES
316 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD
Name: REEVE, JAY
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: RUIZ, MARY
Address: PO BOX 9478
City-St-Zip: BRADENTON, FL 34206

Title: SD
Name: GILLIS, RACHEL
Address: 3686 US HIGHWAY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

I hereby 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 all other like empowered.

SIGNATURE: JAY REEVE CD 02/17/2010

Electronic Signature of Signing Officer or Director Date