2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

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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: SD
Name: MURPHY, STEVEN
Address: 5850 T.G. LEE ROAD
City-St-Zip: ORLANDO, FL 32822

Title: CD
Name: BELL, CHET
Address: 1220 WILLIS AVE
City-St-Zip: DAYTONA BEACH, FL 321142897

Title: TD
Name: AILES, EDWIN
Address: 525 EAST 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: VD
Name: ROMANO, JOHN
Address: 4500 WEST MIDWAY RD
City-St-Zip: FORT PIERCE, FL 34981

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: BOB SHARPE PRES 03/06/2012

Electronic Signature of Signing Officer or Director Date