

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001032 (8)

1. Corporation Name

CENTER OF LIFE A MENTAL HEALTH AGENCY, INC.

Principal Place of Business

Mailing Address

206 ATLANTA AVENUE  
STUART FL 34994

206 ATLANTA AVENUE  
STUART FL 34994

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

94-3245339

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 206 Atlanta Ave

26 Samp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Stuart, FL

27

City & State

City & State

23 34994 - U.S.A.

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLER, KATHLEEN  
206 ATLANTA AVENUE  
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME FULLER, KATHLEEN  
STREET ADDRESS 206 ATLANTA AVENUE  
CITY-ST-ZIP STUART FL 34994

TITLE ☒ DELETE

NAME FULLER, SUE  
STREET ADDRESS 3808 S. MASON  
CITY-ST-ZIP TACOMA WA 98409

TITLE ☒ DELETE

NAME FULLER, WELDON  
STREET ADDRESS 3808 S. MASON  
CITY-ST-ZIP TACOMA WA 98409

TITLE ☐ DELETE

NAME Crouch, Danielle  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Crouch, Danielle Marie  
265 S.W. Pt. St. Lucie #180  
Port St. Lucie, FL 34984

☐ Change ☒ Addition

Crouch, Shannon Noel  
206 Atlanta Ave  
Stuart, FL 34994

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen D. Fuller 2-5-1998

CP2E037 (10/97)