

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 012 ***211.25

0075453

DOCUMENT # **N97000001032**

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**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CROUCH, DANIELLE M
STREET ADDRESS 265 S.W. PT. ST. LUCIE #180
CITY-ST-ZIP PT. ST. LUCIE FL 34984

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CROUCH, SHANNON N
STREET ADDRESS 206 ATLANTA AVENUE
CITY-ST-ZIP STUART FL 34994

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Kathleen Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99
Date

Daytime Phone #

CR2E037 (1/98)