

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90069 023 ****61.25

DOCUMENT # N97000001032

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3245339

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FULLER, KATHLEEN
 206 ATLANTA AVENUE
 STUART FL 34994**

Name

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

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FULLER, KATHLEEN 206 ATLANTA AVENUE STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, DANIELLE M 265 S.W. PT. ST. LUCIE #180 PT. ST. LUCIE FL 34984	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, SHANNON N 206 ATLANTA AVENUE STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 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

Kathleen Fuller - 07-02 (561) 220-4556
 Date Daytime Phone #

CR2E037 (9/01)