

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001233 (2)**

1. Corporation Name

**FIRST COAST BEHAVIORAL HEALTHCARE NETWORK, INC.**

Principal Place of Business

Mailing Address

**1639 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32207**

**1639 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32207**



3. Date Incorporated or Qualified

**03/05/1997**

4. FEI Number

**NONE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCULLOCH, RICHARD J  
1639 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32207**

81 Name

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

83

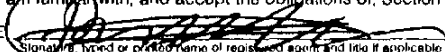
84 City

**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



**error - Agent is the same**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **BLACK, ARVIN**  
STREET ADDRESS **1248 WEST EDGEWOOD AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☒ DELETE

NAME **ULERIE, MARK**  
STREET ADDRESS **7240 LEM TURNER ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☒ DELETE

NAME **COOK, DAN**  
STREET ADDRESS **4203 SOUTHPOINT BOULEVARD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ DELETE

NAME **MCCULLOCH, RICHARD J**  
STREET ADDRESS **1639 ATLANTIC BOULEVARD**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **BORROK, VIRGINIA**  
STREET ADDRESS **555 STOCKTON STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☒ DELETE

NAME **WALKER, HERMANYONE**  
STREET ADDRESS **1110 EDGEWOOD AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

**DS**

**GAFFNEY, REGGIE  
7240 LEM TURNER RD.  
JACKSONVILLE, FL 32208**

**DP**

**MCCULLOCH, RICHARD  
1639 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207**

**D**

**MINGE, JACK  
5776 ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32207**

**D**

**PRICE, LAURIE  
3292 CR 220  
MIDDLEBURG, FL 32068**

**DV**

**WARFEL, DICK  
660 PARK ST.  
JACKSONVILLE, FL 32204**

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:



Date

**11/6/98 396 4846**

Daytime Phone # 0004891

CP2E037 (10/97)