## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000007330

FILED Jan 10, 2012 Secretary of State

Entity Name: ALEXANDER APARTMENTS OF PLANT CITY, INC.

Current Principal Place of Business: New Principal Place of Business:

5707 NORTH 22ND ST 1001 WEST ALEXANDER STREET

TAMPA, FL 33610 PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

5707 NORTH 22ND ST TAMPA, FL 33610

FEI Number: 59-3578632 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENTAL HEALTH CARE, INC. 5707 NORTH 22ND ST TAMPA, FL 33610 US

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: CP

Name: BARRON, ELIZABETH

Address: 3325 BAYSHORE BLVD., STE. F-34

City-St-Zip: TAMPA, FL 33629

Title: STD

Name: BALLAS, EDWARD Address: 12382 143RD AVE City-St-Zip: LARGO, FL 33774

Title:

Name: HUNTER, DAVE

Address: 3813 MISTY WILLOW WAY

City-St-Zip: LUTZ, FL 33558

Title:

Name: MASSOLIO, JOHN

Address: 3403 FOREST BRIDGE CIRCLE

City-St-Zip: BRANDON, FL 33511

Title:

Name: ARTHUR, DAVE

Address: BK OF TAMPA, 601 BAYSHORE BLVD.

City-St-Zip: TAMPA, FL 33606

Title: D Name: ERB, EDI

Address: 2105 NORTH NEBRASKA AVE., #2

City-St-Zip: TAMPA, FL 336020

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: ELIZABETH ERB CP 01/10/2012