

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000067924 (5)

1. Corporation Name

STONEY-BROOKE COMMUNITY MENTAL HEALTH CENTER, INC.



Principal Place of Business

141 SW 97 TERR.
PEMBROKE PINES FL 33025

Mailing Address

141 SW 97 TERR.
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

680 776 702

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

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

2. Principal Place of Business

21 8961 Pembroke Rd.

Suite, Apt. #, etc.

22 Pembroke Pines

City & State

23 FLORIDA

Zip

24 33025

Country

25 U.S.A.

2a. Mailing Address

26 8961 Pembroke Rd.

Suite, Apt. #, etc.

27 Pembroke Pines

City & State

28 FLORIDA

Zip

29 33025

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CLARKE, SHARON
2121 NW 93 AVE.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the principal officer or director of the corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP
✓ SHERON A CLARKE
2121 NW 93RD AVE.
PEMBROKE PINES FL 33024
CEO / ADMINISTRATOR

TITLE NAME STREET ADDRESS CITY- ST- ZIP
✓ ASST. ADMINISTRATOR
JESSICA V. PERKINS-MCLEOD
141 SW 97 TERR.
PEMBROKE PINES FL 33025

TITLE NAME STREET ADDRESS CITY- ST- ZIP
DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP
DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP
DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP
☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP
☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP
☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Sheron A Clarke 2/6/98 954 4300171

CR2E034 (10/97)