2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 08, 2013
Secretary of State
CC5713199823

DOCUMENT# 717744

Entity Name: SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

237 FERNWOOD BLVD
FERN PARK, FL 32730

Current Mailing Address:

237 FERNWOOD BLVD
FERN PARK, FL 32730 US

FEI Number: 59-1304471

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
STE 2300
PLANTATION, FL 33324 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: MADONNA CUDDIHY 11/08/2013

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	FLORIO, KAREN
Address	652 MAGNOLIA DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32703

Title	DIRECTOR
Name	BATMAN, JON
Address	200 MAITLAND AVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	O
Name	DRISKELL, DEBBIE
Address	1920 LAKESIDE DRIVE
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	GREGORY, LINDA
Address	1557 CARPATHIAN DR
City-State-Zip:	JACKSONVILLE FL 32218

Title	DIRECTOR
Name	JOHNSON, FORBES
Address	901 NORTH ORLANDO AVENUE
City-State-Zip:	MAITLAND FL 32755

Title	DIRECTOR
Name	SNEED, MARY
Address	1612 RIVER BIRCH AVE
City-State-Zip:	OVIEDO FL 32765

Title	DIRECTOR
Name	PRESTON, ADAMS
Address	8092 CANYON LAKE CIRCLE
City-State-Zip:	ORLANDO FL 32835

Title	DIRECTOR
Name	LEMMA, DENNIS
Address	100 BUSH BLVD
City-State-Zip:	SANFORD FL 32773

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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: DEBBIE DRISKELL OFFICER 11/08/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LUCARELLI, JO ANN
Address	298 HANGING MOSS CIRCLE
City-State-Zip:	LAKE MARY FL 32746

Title	VC
Name	HEFFEMAN, DAVID R
Address	8800 VALENCIA COLLEGE LANE
City-State-Zip:	ORLANDO FL 32801

Title	CHAIRMAN
Name	SACKS, SERENA E
Address	1892 LEATHER FERN DRIVE
City-State-Zip:	OCOEE FL 34761

Title	SECRETARY
Name	SMITH, BETH
Address	720 RUGBY STREET #200
City-State-Zip:	ORLANDO FL 32804