

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714624

FILED
May 13, 2005
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATIONS IN FLORIDA, INC.

Current Principal Place of Business:

12877 MAHAN DR
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

12877 MAHAN DR
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-0791021 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHWIND, GEORGE
ST. JOHN, KING & DICKER
500 AUSTRALIAN AVENUE SOUTH SUITE 600
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: SD () Delete
Name: GODFREY, ANITA
Address: 7145 W.OAKLAND BLVD
City-St-Zip: LAUDERHILL, FL 33313

Title: C () Delete
Name: GARBER, KAREN
Address: 840 W. LAKEVIEW AVE.
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: VINSON, BOB D
Address: 5600 16TH STREET
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SARVIS, KEN
Address: 12877 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KEN SARVIS

EX D

05/13/2005

Electronic Signature of Signing Officer or Director

Date