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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N94000001727 (6)**

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF BAY COUNTY, INC.

Principal Place of Business	Mailing Address
1137 HARRISON AVE STE 1 PANAMA CITY FL 32401	1137 HARRISON AVE STE 1 PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:
4. FEI Number: 59-3245462 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 2245
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PANAMA CITY FL
Zip / Country 24 / 25	Zip / Country 29 32402-2245 / 30

9. Name and Address of Current Registered Agent

BELT, NORMA
1137 HARRISON AVE
STE 1
PANAMA CITY FL 32401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D - President	☒ Change ☐ Addition
NAME	DAUPHIN, ANN	12 NAME	JUDI GRADY	
STREET ADDRESS	1311 POLECAT RD	13 STREET ADDRESS	505 MISSOURI	
CITY-ST-ZIP	PANAMA CITY FL 32404	14 CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	S	21 TITLE	SD Secretary	☒ Change ☐ Addition
NAME	LEWIS, MARGARET K	22 NAME		
STREET ADDRESS	328 BUNKERS COVE RD	23 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	D Treasurer	☒ Change ☐ Addition
NAME	HODGES, BECKY	32 NAME	REBECCA C. HODGES	
STREET ADDRESS	8011 BETTY LOUISE DR	33 STREET ADDRESS	827 PLANTATION WAY	
CITY-ST-ZIP	PANAMA CITY FL 32404	34 CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		41 TITLE	D-EXECUTIVE DIRECTOR	☐ Change ☒ Addition
NAME		42 NAME	NORMA BELT	
STREET ADDRESS		43 STREET ADDRESS	3728 SHORELINE CR	
CITY-ST-ZIP		44 CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Norma Belt 03-31-95 904-769-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NORMA BELT, EXECUTIVE DIRECTOR

0028377