2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90101 014 ****70.00

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1. Entity Name
MENTAL HEALTH ASSOCIATION OF BAY COUNTY, INC.

J40000031

Principal Place of Business	Mailing Address
1137 HARRISON AVE STE 1 PANAMA CITY, FL 32401	P. O. BOX 2245 PANAMA CITY, FL 32402-2245 US

07062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
MENTAL HEALTH ASSOC INC
1137 HARRISON AVE STE 1
PANAMA CITY FL 32401

Suite, Apt. #, etc.

City & State

Zip 32401 Country BAY

4. FEI Number 59-3245462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name James W. Taliaferro
Street Mental Health Assoc Inc.
1137 Harrison Ave Ste 1
City Panama City , FL 32401 Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James W. Taliaferro July 6, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHISHOLM, KEN 1200 CONNECTICUT AVE LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Ken Chisholm 525 E. 15th Street Panama City, FL 32405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEWIS, MARGARET K 328 BUNKERS COVE RD PANAMA CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WALKER, ANNE 4917 HENSEY AVENUE PANAMA CITY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELT, NORMA 3728 SHORELINE CIRCLE PANAMA CITY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P James W. Taliaferro 420 Harvard Blvd Lynn Haven , FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James W. Taliaferro July 6, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850 769-5441