

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001727

FILED
Feb 08, 2008
Secretary of State

Entity Name: MENTAL HEALTH AMERICA OF BAY COUNTY, INC.

Current Principal Place of Business:

1137 HARRISON AVE
STE 1
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

MENTAL HEALTH ASSOC INC.
1137 HARRISON AVE STE 1
PANAMA CITY, FL 32401 US

New Mailing Address:

1137 HARRISON AVE
STE 1
PANAMA CITY, FL 32401

FEI Number: 59-3245462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TALIAFERRO, JAMES W
MENTAL HEALTH ASSOC INC.
1137 HARRISON AVE STE 1
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

TALIAFERRO, JAMES W
1137 HARRISON AVE
STE 1
PANAMA CITY, FL 32401 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:

02/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CALOHAN, CLAIRE
Address: 4750 COLLEGIATE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: FREDERICK, BORG H
Address: 501 CANDLEWICK DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: DT () Delete
Name: WALKER, ANNE
Address: 4917 HENSEY AVENUE
City-St-Zip: PANAMA CITY, FL 32404

Title: P () Delete
Name: TALIAFERRO, JAMES W
Address: 420 HARVARD BLVD
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MAXWELL, BARBARA A
Address: 315 LANDINGS DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD (X) Change () Addition
Name: DAUPHINE, ANN
Address: 741 VISTA DEL SOL LN
City-St-Zip: PANAMA CITY, FL 32404

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES W. TALIAFERRO

P

02/08/2008

Electronic Signature of Signing Officer or Director

Date