2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N94000001727

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:

1137 HARRISON AVE
STE 1
PANAMA CITY, FL 32401

New Mailing Address:

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
1137 HARRISON AVE
STE 1
PANAMA CITY, FL 32401 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:	CD	( ) Delete
Name:	MAXWELL, BARBARA A	
Address:	315 LANDINGS DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	SD	( ) Delete
Name:	DAUPHINE, ANN	
Address:	741 VISTA DEL SOL LN	
City-St-Zip:	PANAMA CITY, FL 32404	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	CALOHAN, CLAIRE	
Address:	1101 RHODE ISLAND AVE	
City-St-Zip:	LYNN HAVEN, FL 32444	
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 04/07/2009

Electronic Signature of Signing Officer or Director — Date