

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717532 (6)

1. Corporation Name

VOLUSIA COUNTY MENTAL HEALTH ASSOCIATION

Principal Place of Business

Mailing Address

531 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114
US531 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114-4829
US3. Date Incorporated or Qualified
11/10/19693a. Date of Last Report
01/29/19964. FEI Number
59-6044669Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, JACQUELYN
3047 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

JACQUELYN HARRISON, CEO

Feb. 3, 1997

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
CUMMINGS, ANNE M
21 SAN JOSE DR
ORMOND BY THE SEA FL☒ DELETE1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
D James F. Woodward
1238 Ridgewood Ave.,
Holly Hill, FL 32117-2722☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PENNEL, CLARK PHD.
3859 S. NOVA SUITE 5
PORT ORANGE FL☐ DELETE2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CLOWER, MICHAEL
378 S. ATLANTIC AVE
ORMOND BEACH FL☐ DELETE3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOUSTON, JENNIFER
1335 FLEMING AVE. #40
ORMOND BEACH FL☐ DELETE4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BERNER, DEBRA ANNE
933 VILLAGE DRIVE
ORMOND BEACH FL☐ DELETE5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HARRISON, JACQUELYN
3047 S ATLANTIC AVE
DAYTONA BCH SHORES FL☐ DELETE6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change ☐ Addition

14. I do 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 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:

JACQUELYN HARRISON

Feb. 3, 1997-904 252-5785

CR2E037 (9/96)