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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717532

1. Corporation Name

VOLUSIA COUNTY MENTAL HEALTH ASSOCIATION

Principal Place of Business

531 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114
US

Mailing Address

531 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/10/1969

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6044669

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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
GAIL A. GREGORY

82 Street Address (P.O. Box Number is Not Acceptable)
935 W. RICH AVE.

83

84 City
DE LAND

FL

85 Zip Code
32720

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 617.1503, Florida Statutes.

SIGNATURE *Gail A. Gregory* GAIL A. GREGORY 1/14/99 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME WOODWARD, JAMES F.
STREET ADDRESS 1238 RIDGEWOOD AVE.
CITY-ST-ZIP HOLLY HILL FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME PENNELL, CLARK PHD.
STREET ADDRESS 3959 S. NOVA SUITE 5
CITY-ST-ZIP PORT ORANGE FL

2.1 TITLE VICE CHAIR OF MEMBERSHIP Change Addition
2.2 NAME MABBY RICHARDSON
2.3 STREET ADDRESS 199 LE KYRE Circle
2.4 CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE D DELETE
NAME CLOWER, MICHAEL
STREET ADDRESS 378 S. ATLANTIC AVE
CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME HOUSTON, JENNIFER
STREET ADDRESS 1335 FLEMING AVE. #40
CITY-ST-ZIP ORMOND BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME BERNER, DEBRA ANNE
STREET ADDRESS 933 VILLAGE DRIVE
CITY-ST-ZIP ORMOND BEACH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME HARRISON, JACQUELYN
STREET ADDRESS 3047 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BCH SHORES FL

6.1 TITLE Change Addition
6.2 NAME GAIL A GREGORY
6.3 STREET ADDRESS 935 W RICH
6.4 CITY-ST-ZIP DELAND, FL 32720

14. 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 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, with all other like empowered.

SIGNATURE: *Gail A. Gregory* GAIL A. GREGORY 1/14/99 252-5785 (904) DATE Daytime Phone #

CR2E037 (1/198)