

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001659

FILED
Mar 23, 2017
Secretary of State
CC7038083842

Entity Name: MENTAL HEALTH COALITION OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

C/O GAINESVILLE OPPORTUNITY CENTER
102 NE 10TH AVENUE
GAINESVILLE, FL 32606

Current Mailing Address:

C/O GAINESVILLE OPPORTUNITY CENTER
102 NE 10TH AVENUE
GAINESVILLE, FL 32601 US

FEI Number: 46-4737554

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CONNER, SHERYL A PHD
C/O GAINESVILLE OPPORTUNITY CENTER
102 NE 10 AVENUE
GAINESVILLE, FL 32601 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: SHERYL A CONNER

03/23/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CONNER, SHERYL A PHD
Address C/O GAINESVILLE OPPORTUNITY CENTER
 102 NE 10TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title VP
Name SHEFFIELD, FELTON
Address C/O GAINESVILLE OPPORTUNITY CENTER
 102 NE 10TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title SECRETARY
Name FITZGERALD, BRIDGET
Address C/O GAINESVILLE OPPORTUNITY CENTER
 102 NE 10TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title TREASURER
Name DURAND, PETER
Address C/O GAINESVILLE OPPORTUNITY CENTER
 102 NE 10TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

I hereby 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 all other like empowered.

SIGNATURE: SHERYL A. CONNER, PHD, LCSW

PRESIDENT

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date