

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001659

FILED
Apr 22, 2015
Secretary of State
CC8178446986

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

Current Principal Place of Business:

C/O GAINESVILLE OPPORTUNITY CENTER
2772 NW 43RD STREET, STE. 2
GAINESVILLE, FL 32606

Current Mailing Address:

C/O GAINESVILLE OPPORTUNITY CENTER
2772 NW 43RD STREET, STE. 2
GAINESVILLE, FL 32606

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CECCHINI, MMARINA
2772 NW 43RD ST, STE 2
GAINESVILLE, FL 32606 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CECCHINI, MARINA
Address 2772 NW 43RD ST., STE. 2
City-State-Zip: GAINESVILLE FL 32606

Title V
Name CONNORS, SHERYL
Address 2772 NW 43RD ST., STE. 2
City-State-Zip: GAINESVILLE FL 32606

Title S
Name WEBSTER, DORENE
Address 2772 NW 43RD ST., STE. 2
City-State-Zip: GAINESVILLE FL 32606

Title T
Name THEURER, JEAN
Address 2772 NW 43RD ST., STE. 2
City-State-Zip: GAINESVILLE FL 32606

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: JEAN THEURER

TREASURER

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date