

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001659

**FILED**  
**Feb 09, 2020**  
**Secretary of State**  
**4533291316CC**

**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: No**

**Name and Address of Current Registered Agent:**

CHRISTENSEN , TIM  
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: TIM CHRISTENSEN**

**02/09/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MUNSON, JOE  
Address        C/O GAINESVILLE OPPORTUNITY CENTER  
                  102 NE 10TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

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

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

Title            TREASURER  
Name            CHRISTENSEN , TIM  
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: TIM CHRISTENSEN**

**TREASURER**

**02/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date