

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007531

**FILED  
Apr 24, 2017  
Secretary of State  
CC6396113996**

**Entity Name:** ALACHUA COUNTY PERINATAL MENTAL HEALTH COALITION, INC.

**Current Principal Place of Business:**

1810 NW 6TH STREET  
SUITE E  
GAINESVILLE, FL 32609

**Current Mailing Address:**

PO 358354  
GAINESVILLE, FL 32635 US

**FEI Number: 81-4547117**

**Certificate of Status Desired: No**

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

DEPAOLA, LAUREN  
1810 NW 6TH STREET  
SUITE E  
GAINESVILLE, FL 32609 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 DEPAOLA, LAUREN  
Address PO 358354  
City-State-Zip: GAINESVILLE FL 32635

Title VP  
Name CRAWFORD, TERRI  
Address PO 358354  
City-State-Zip: GAINESVILLE FL 32635

Title SECR  
Name SUSAN , HORKY  
Address PO 358354  
City-State-Zip: GAINESVILLE FL 32635

Title TREASURER  
Name JAMES, ANDRISIN  
Address PO 358354  
City-State-Zip: GAINESVILLE FL 32635

*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: JAMES ANDRISIN**

**TREASURER**

**04/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date