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: JOE P SKELLY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT/CEO

01/15/2021 Date

Date

### Jan 15, 2021 Secretary of State 0935501026CC

FILED

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	PRESIDENT, TREASURER	Title	VP, ASST. TREASURER
Name	SKELLY, JOE P	Name	SKELLY, ELISABETH F
Address	151 MARY ESTHER BLVD., STE. 201	Address	151 MARY ESTHER BLVD., STE. 201
City-State-Zip:	MARY ESTHER FL 32569	City-State-Zip:	MARY ESTHER FL 32569

### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N16000010840

Entity Name: EMERALD COAST MENTAL HEALTH COUNSELORS ASSOCIATION, INC.

Current Principal Place of Business:

151 MARY ESTHER BLVD., STE. 201 MARY ESTHER, FL 32569

# **Current Mailing Address:**

151 MARY ESTHER BLVD., STE. 201 MARY ESTHER, FL 32569

## FEI Number: 81-4383730

# Name and Address of Current Registered Agent:

SKELLY, JOSEPH P 151 MARY ESTHER BLVD., STE. 201 MARY ESTHER, FL 32569 US

NT/CEO