

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005209

**Entity Name:** MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.

**FILED**  
**Aug 01, 2016**  
**Secretary of State**  
**CC8500114597**

**Current Principal Place of Business:**

909 FERN STREET  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

909 FERN STREET  
WEST PALM BEACH, FL 33401

**FEI Number: 59-0760220**

**Certificate of Status Desired: No**

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

GIONFRIDDO, PAMELA  
909 FERN STREET  
WEST PALM BEACH, FL 33401 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            CEO  
Name            GIONFRIDDO, PAMELA  
Address        909 FERN ST  
City-State-Zip: WEST PALM BEACH FL 33401

Title            CHAIRMAN  
Name            MAHLE, THOMAS  
Address        909 FERN ST  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VC  
Name            PAUL, WARD G.  
Address        909 FERN STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER  
Name            NOLAN, TIM  
Address        909 FERN STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title            SECRETARY  
Name            BITTNER, WILLIAM  
Address        909 FERN STREET  
City-State-Zip: WEST PALM BEACH FL 33401

*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: PAMELA GIONFRIDDO**

**CHIEF EXECUTIVE  
OFFICER**

**08/01/2016**

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

\_\_\_\_\_  
Date