#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001727

Entity Name: MENTAL HEALTH AMERICA OF BAY COUNTY, INC.

FILED
Jan 31, 2014
Secretary of State
CC7824488193

## **Current Principal Place of Business:**

1137 HARRISON AVE

STE 1

PANAMA CITY, FL 32401

# **Current Mailing Address:**

1137 HARRISON AVE

STE 1

PANAMA CITY, FL 32401

FEI Number: 59-3245462 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

TALIAFERRO, JAMES W 1137 HARRISON AVE STE 1

PANAMA CITY, FL 32401 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 CD Title SD

Name MAXWELL, BARBARA A Name BORG, FRED

Address 315 LANDINGS DR Address 501 CANDLEWICK DR

City-State-Zip: LYNN HAVEN FL 32444 City-State-Zip: PANAMA CITY FL 32405

Title DT Title F

Name THOMAS, ANITA Name TALIAFERRO, JAMES W SR.

Address 4401 E. HWY 98 Address 420 HARVARD BLVD

City-State-Zip: PANAMA CITY FL 32404 City-State-Zip: LYNN HAVEN FL 32444

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.