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Jun 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705694 (8)

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF GREATER TAMPA BAY,
INC.

Principal Place of Business

15733 BEDFORD CIR. E
CLEARWATER FL 34624

Mailing Address

15733 BEDFORD CIR. E
CLEARWATER FL 34624-7065

3. Date Incorporated or Qualified
05/30/1963

3a. Date of Last Report
06/07/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
59-0859886

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGSTAFF, MARY LOU
161 14TH STREET, NW
LARGO FL 34840

81 Name

Bruce Haskell

82 Street Address (P.O. Box Number is Not Acceptable)

100 2nd Avenue South, Suite #300

83

North Tower

84 City

St. Petersburg

FL

85 Zip Code
33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

3/24/97

Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KESLER, BONNIE
STREET ADDRESS 1590 SERPENTINE DRIVE
CITY - ST - ZIP ST PETERSBURG FL 33705

DELETE

1.1 TITLE PD
1.2 NAME KESLER, BONNIE
1.3 STREET ADDRESS 1590 SERPENTINE DRIVE
1.4 CITY - ST - ZIP ST. PETERSBURG FL 33705

Change Addition

TITLE VD
NAME KASSED, MARVIN W
STREET ADDRESS 5510 RIVER ROAD, SUITE 101
CITY - ST - ZIP NEW PT RICHEY FL 34852

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE SD
NAME PULLEY, ANNE
STREET ADDRESS 11254 58TH STREETM, N.
CITY - ST - ZIP PINELLAS PARK FL 34666

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE TD
NAME HASKELL, BRUCE
STREET ADDRESS P.O. BOX 3842 N/A
CITY - ST - ZIP ST. PETERSBURG FL 33731

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE D
NAME WAGSTAFF, MARY LOU
STREET ADDRESS 161 14TH STREET, NW
CITY - ST - ZIP LARGO FL 34840

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] 4/22/97 (813) 524-4460

CR2E037 (9/96)