

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705694 (8)**

1. Corporation Name

**MENTAL HEALTH ASSOCIATION OF GREATER TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

15733 BEDFORD CIR. E  
CLEARWATER FL 34624

15733 BEDFORD CIR. E  
CLEARWATER FL 34624

3. Date Incorporated or Qualified

**05/30/1963**

4. FEI Number

**59-0859886**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASKELL, BRUCE**  
**100 2ND AVE SOUTH**  
**STE. 300**  
**ST. PETERSBURG FL 33701**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **KERSLER, BONNIE**  
STREET ADDRESS **1590 SERPENTINE DRIVE**  
CITY - ST - ZIP **ST PETERSBURG FL 33705**

TITLE **VD** ☒ DELETE

NAME **KASSED, MARVIN W**  
STREET ADDRESS **5510 RIVER ROAD, SUITE 101**  
CITY - ST - ZIP **NEW PT RICHEY FL 34652**

TITLE **SD** ☐ DELETE

NAME **PULLEY, ANNE**  
STREET ADDRESS **11254 58TH STREETM, N.**  
CITY - ST - ZIP **PINELLAS PARKH FL 34666**

TITLE **TD** ☐ DELETE

NAME **HASKELL, BRUCE**  
STREET ADDRESS **P.O. BOX 3642 N/A**  
CITY - ST - ZIP **ST. PETERSBURG FL 33731**

TITLE **PD** ☒ DELETE

NAME **KESLER, BONNIE**  
STREET ADDRESS **1590 SERPENTINE DRIVE**  
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **BACON, LAURIE**  
1.3 STREET ADDRESS **6400 E. COLUMBUS DRIVE**  
1.4 CITY - ST - ZIP **TAMPA FL 33619**

2.1 TITLE **V/T/S** ☒ Change ☐ Addition

2.2 NAME **PULLEY, ANNE**  
2.3 STREET ADDRESS **11254 58th STREET NORTH**  
2.4 CITY - ST - ZIP **PINELLAS PARK FL 33776**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I 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: *Kelly Stuart Williams*

**KELLY STUART WILLIAMS**

**1/20/98**

**813-524-4460**

CR2E037 (10/97)