

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90038 043 \*\*\*\*61.25

0055016

**DOCUMENT # 705694**

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~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip 33764

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip 33764

Country

3. Date Incorporated or Qualified

05/30/1963

4. FEI Number

59-0859886

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
**WILLIAMS, JON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13477 105th Terrace North**  
83  
84 City  
**Largo** FL 85 Zip Code  
**33774**

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 *Jon R. Williams*

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

(NOTE: Registered Agent signature required when reinstating)

2/23/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BACON LAURIE	
STREET ADDRESS	6400 E COLUMBUS DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	PULLEY ANNE	
STREET ADDRESS	11254 58TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33776	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PULLEY, ANNE	
STREET ADDRESS	11254 58TH STREETM, N.	
CITY-ST-ZIP	PINELLAS PARKH FL 34666	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HASKELL, BRUCE	
STREET ADDRESS	P.O. BOX 3642 N/A	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KESLER, BONNIE	
STREET ADDRESS	1590 SERPENTINE DRIVE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STRONG, ROBERT	
1.3 STREET ADDRESS	2983 W. KNIGHTS AVENUE	
1.4 CITY-ST-ZIP	TAMPA FL 33611	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS, JON	
2.3 STREET ADDRESS	13477 105th TERRACE NORTH	
2.4 CITY-ST-ZIP	LARGO FL 33774	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILSON, BORDEN	
3.3 STREET ADDRESS	502 SOUTH WILLOW AVE, UNIT #2	
3.4 CITY-ST-ZIP	TAMPA FL 33606	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date

727 524-4460

Daytime Phone #

CR2E037 (11/98)