

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90108 016 \*\*\*\*61.25

**DOCUMENT # 705694**

1. Entity Name

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



Principal Place of Business

2735 WHITNEY RD  
CLEARWATER FL 33760

Mailing Address

14007 LAKE MAGDALENE BLVD  
TAMPA FL 33618

**30040003**

2. Principal Place of Business

14007 LAKE MAGDALENE BLVD  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

59-0859886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WAGNER, RICHARD B  
14007 LAKE MAGDALENE BLVD  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Richard B. Wagner*

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

(NOTE: Registered Agent signature required when reinstating)

3-4-05

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CONINE, NANCY	
STREET ADDRESS	2735 WHITNEY RD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, DIANNE	
STREET ADDRESS	6655 66TH ST NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33761	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, MAC	
STREET ADDRESS	1501 S BELCHER RD STE B-4	
CITY-ST-ZIP	LARGO FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	BAIN, MICHELLE	
STREET ADDRESS	4770 140TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, Richard B	
STREET ADDRESS	14007 LAKE MAGDALENE BLVD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHAB LALBY	
STREET ADDRESS	14039 W DALE MADRY HWY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard B. Wagner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-05

Date

Daytime Phone #