2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90040 049 ****70.00

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DOCUMENT # 705694

1. Entity Name
MENTAL HEALTH ASSOCIATION OF GREATER TAMPA BAY, INC.

Principal Place of Business	Mailing Address
14007 LAKE MAGDALENE BLVD TAMPA, FL 33618	14007 LAKE MAGDALENE BLVD TAMPA, FL 33618

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
WAGNER, RICHARD B 14007 LAKE MAGDALENE BLVD TAMPA, FL 33618	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2006	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WAGNER, RACHEL B 14007 LAKE MAGDALENE BLVD TAMPA, FL 33618 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Martha E. Brown, MD 3515 East Fletcher Ave Tampa, FL. 33613 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAVAY, MACHAS 14039 W. DALE MABRY HAY TAMPA, FL 33618 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Yvonne Bannon 3515 East Fletcher Ave. Tampa, FL. 33613 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Richard B. Wagner 2-7-06 813/695-5490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #