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Jun 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 709972 (4)

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

227 N.E. 17TH STREET
MIAMI FL 33132-1231

227 N.E. 17TH STREET
MIAMI FL 33132-1231



3. Date Incorporated or Qualified
11/23/1965

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-0637877

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

REGESETER, PATRICIA
227 NE 17TH STREET
MIAMI FL 33132-1231

81 Name

JAMIE BRAVO

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

227 N.E. 17TH ST.

83

MIAMI, FL 33132

84 City

MIAMI, FL

FL

85 Zip Code

33132

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

Jamie Bravo

JAMIE BRAVO

MAY 12, 1997

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
NAME COHAN, EVELYN
STREET ADDRESS 2127 BRICKELL AVENUE, SUITE 3501
CITY-ST-ZIP MIAMI FL 33158

TITLE ☐ DELETE

VD
NAME ATKINS, WILLIAM
STREET ADDRESS 395 NW 1 ST #104
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

S
NAME BRAUZER, MARIANNE
STREET ADDRESS 720 PARADISO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33148

TITLE ☒ DELETE

ED
NAME REGESETER, PATRICIA
STREET ADDRESS 227 NE 17TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

D
NAME THELMA V.A. GIBSON
STREET ADDRESS 227 N.E. 17TH ST
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 REQUIRED

FL 12/97

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CR2E037 (9/96)