

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
Jul 16, 1999 8:00 am
Secretary of State

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DOCUMENT # 709972

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business
227 N.E. 17TH STREET
MIAMI FL 33132-1231

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/23/1965

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

9. Name and Address of Current Registered Agent

BRAVO, JAMIE
227 N.E. 17TH ST
MIAMI FL 33132

10. Name and Address of New Registered Agent

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)

6/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ED ☐ DELETE

NAME BRAVO, JAMIE
STREET ADDRESS 227 N.E. 17TH ST
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME BENAVIDES, ALBERTO O
STREET ADDRESS 8607 S.W. 68TH COURT
CITY-ST-ZIP MIAMI FL 33255-7022

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE (JAMIE BRAVO)

6/14/99

Date

305-379-2673

Daytime Phone #

CR2E037 (11/98)