

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714624** (4)

1. Corporation Name

MENTAL HEALTH ASSOCIATIONS IN FLORIDA, INC.

Principal Place of Business

Mailing Address

3504 SWALLOW DRIVE
MELBOURNE FL 32935-4790
US

3504 SWALLOW DRIVE
MELBOURNE FL 32935-4790
US

3. Date Incorporated or Qualified

05/20/1968

4. FEI Number

59-0791021

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Trust Fund Contribution ☐

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWIND, GEORGE

ST. JOHN, ~~KING~~ + CAPLAN

500 AUSTRALIAN AVENUE SOUTH SUITE 600

WEST PALM BEACH FL 33401

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DRUCKER, JANE	
STREET ADDRESS	3100 CLAY AVENUE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MERRILL, PATRICIA	
STREET ADDRESS	900 BAL HARBOR BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWIND, GEORGE	
STREET ADDRESS	1700 S. SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VINSON, BOB D	
STREET ADDRESS	5600 16TH STREET	
CITY-ST-ZIP	VERO BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TED SHARON FLATOW
2.3 STREET ADDRESS	505 MAITLAND AVE #130
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD KELLY WILLIAMS
3.3 STREET ADDRESS	15733 BEDFORD CIRCLE E
3.4 CITY-ST-ZIP	CLEARWATER, FL 34624-7065

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.

SIGNATURE:

JAN 05 1998

(407) 752-0006

CH2E037 (10/97)