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**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90081 028 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 714624V

1. Corporation Name

*Mental Health Associations IN Florida, Inc.*

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 12877 MAHAN DRIVE

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip

Country

24 32308

25

US

2a. Mailing Address

26 12877 MAHAN DRIVE

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip

Country

29 32308

30

US

3. Date Incorporated or Qualified

05/20/1968

4. FEI Number

59-0791021

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

Schwind, George  
St. John, Dicker, Caplan, Krivok & Core, P.A.  
500 Australian Avenue South, Suite 600  
West Palm Beach, FL 33401

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 617.1506, 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

*George Schwind*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DRUCKER, JAYNE  
STREET ADDRESS 3100 CLAY AVENUE  
CITY-ST-ZIP ORLANDO, FL. 32804 ☒ DELETE

TITLE TD  
NAME FLATOW, SHARON  
STREET ADDRESS 505 MAITLAND AVENUE, #130  
CITY-ST-ZIP ALTA MONTE SPRINGS, FL. 32701 ☒ DELETE

TITLE SD  
NAME WILLIAMS, KELLY  
STREET ADDRESS 15733 BEDFORD CIRCLE EAST  
CITY-ST-ZIP CLEARWATER, FL. 34624-7065 ☒ DELETE

TITLE VD  
NAME VINSON, BOB D.  
STREET ADDRESS 5600 16TH STREET  
CITY-ST-ZIP VERO BEACH, FL. 32966 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☐ Change ☒ Addition  
12 NAME Schwind, George  
13 STREET ADDRESS 1700 S. SURF ROAD  
14 CITY-ST-ZIP HOLLYWOOD, FL. 33019

21 TITLE TD ☐ Change ☒ Addition  
22 NAME Andrews, Mary  
23 STREET ADDRESS 3428 SEACOAST ST.  
24 CITY-ST-ZIP LANTANA, FL. 33462

31 TITLE SD ☐ Change ☒ Addition  
32 NAME Miley, Randy M.  
33 STREET ADDRESS 3628 SHELLCOVE LANE  
34 CITY-ST-ZIP ORLANDO, FL. 32817

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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: *George Schwind*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 561-655-8994  
Date Daytime Phone #

CD9EN27-1/11/00