


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 714624 1. Entity Name MENTAL HEALTH ASSOCIATIONS IN FLORIDA, INC.	
---	---

Principal Place of Business 12877 MAHAN DR TALLAHASSEE, FL 32309 US	Mailing Address 12877 MAHAN DR TALLAHASSEE, FL 32309 US
---	---



08312006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0791021	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHWIND, GEORGE
ST. JOHN, KING & DICKER
500 AUSTRALIAN AVENUE SOUTH SUITE 600
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GODFREY, ANITA 7145 W.OAKLAND BLVD LAUDERHILL, FL 33313
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARBER, KAREN 840 W. LAKEVIEW AVE. PENSACOLA, FL 32501
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARVIS, KEN 12877 MAHAN DRIVE TALLAHASSEE, FL 32309
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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:

Ken Sarvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/06
Date

850-656-3133
Daytime Phone #