

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714624

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** MENTAL HEALTH ASSOCIATIONS IN FLORIDA, INC.

**Current Principal Place of Business:**

12877 MAHAN DR  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

12877 MAHAN DR  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

**FEI Number:** 59-0791021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** SD  
**Name:** GODFREY, ANITA  
**Address:** 7145 W.OAKLAND BLVD  
**City-St-Zip:** LAUDERHILL, FL 33313

**Title:** C  
**Name:** BARR, VIRGINIA GLYNN  
**Address:** 571 MOONEY ROAD, NE  
**City-St-Zip:** FT. WALTON BEACH, FL 32547

**Title:** TD  
**Name:** SARVIS, KEN  
**Address:** 12877 MAHAN DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KEN SARVIS

TD

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date