FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:12

DOCUMENT # 717532 (6)

1. Corporation Name
VOLUSIA COUNTY MENTAL HEALTH ASSOCIATION

Principal Place of Business	Mailing Address
412 S PALMETTO PO BOX 2554 DAYTONA BEACH FL 32114	531 S RIDGEWOOD AVE DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1969
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-6044669 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 531 S.Ridgewood Ave.	26 531 S. Ridgewood Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Daytona Beach,Fl.	City & State 28 Daytona Beach,Fl.
Zip / Country 24 32114 / 25 Volusia	Zip / Country 29 32114 / 30 Volusia

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRISON, JACQUELYN 3047 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, ANNE M	1.2 NAME	
STREET ADDRESS	21 SAN JOSE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BY THE SEA FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	Chairman ☒ Change ☐ Addition
NAME	BOWLING, EVE	2.2 NAME	D- Gregory Arvay
STREET ADDRESS	1373 HYDE PARK DRIVE	2.3 STREET ADDRESS	39 Jana Drive
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	Ponce Inlet,Fl 32127-6947
TITLE	VD	3.1 TITLE	Chairman Elect ☒ Change ☐ Addition
NAME	OBERST, JEANETTE	3.2 NAME	D- Michael Clower,P.A.
STREET ADDRESS	377 BROOKLINE AVE	3.3 STREET ADDRESS	378 S. Atlantic Avenue
CITY-ST-ZIP	DAYTONA BCH. FL	3.4 CITY-ST-ZIP	Ormond Beach, Fl. 32176
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, CATHERINE M	4.2 NAME	
STREET ADDRESS	102 WILDER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	Vice Chairman ☒ Change ☐ Addition
NAME	SHELDON, EILEEN	5.2 NAME	D- Debra Anne Berner
STREET ADDRESS	32 PONCE DELEON DRIVE	5.3 STREET ADDRESS	933 Village Drive
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	Ormond Beach, Fl 32174
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, JACQUELYN	6.2 NAME	
STREET ADDRESS	3047 S ATLANTIC AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHORES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jacquelyn Harrison 1-25-95 904-252-5785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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