FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **717532** **(6)**

1. Corporation Name

VOLUSIA COUNTY MENTAL HEALTH ASSOCIATION

Principal Place of Business	Mailing Address
531 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 US	531 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 US

3. Date Incorporated or Qualified: **11/10/1969**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-6044669** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRISON, JACQUELYN
3047 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118

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 617.1508, 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 _____ 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	☐ DELETE	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	☑ DELETE	2.1 TITLE	C	☐ Change ☒ Addition
NAME	ARVAY, GREGORY		2.2 NAME	Clark Pennell PhD	
STREET ADDRESS	39 JANA DR		2.3 STREET ADDRESS	3959 S. Nova Ste 5	
CITY-ST-ZIP	PONCE INLET FL		2.4 CITY-ST-ZIP	Port Orange,Fl	
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLOWER, MICHAEL		3.2 NAME		
STREET ADDRESS	378 S. ATLANTIC AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	WELCH, CATHERINE M		4.2 NAME	Jennifer Houston	
STREET ADDRESS	102 WILDER BLVD		4.3 STREET ADDRESS	1335 Fleming Ave.#40	
CITY-ST-ZIP	DAYTONA BCH FL		4.4 CITY-ST-ZIP	Ormond Beach,Fl	
TITLE	VC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERNER, DEBRA ANNE		5.2 NAME		
STREET ADDRESS	933 VILLAGE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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: Jackie Harrison 1-24-96 (904) 252-5765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)