


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b>   |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # 717532 (6)</b><br>1. Corporation Name<br><b>VOLUSIA COUNTY MENTAL HEALTH ASSOCIATION</b> |   |   |



|   |   |
|---|---|
| Principal Place of Business<br><b>531 S. RIDGEWOOD AVE.<br/>DAYTONA BEACH FL 32114<br/>US</b> | Mailing Address<br><b>531 S. RIDGEWOOD AVE.<br/>DAYTONA BEACH FL 32114<br/>US</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>531 S Ridgewood Ave</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>D-Beach FL</b><br>Zip<br>24 <b>32114</b> Country<br>25 <b>USA</b> | 2a. Mailing Address<br>26 <b>531 S Ridgewood Ave</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Daytona Beach FL</b><br>Zip<br>29 <b>32114</b> Country<br>30 <b>USA</b> |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/10/1969</b>  |  |
| 4. FEI Number<br><b>59-6044669</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b> |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>HARRISON, JACQUELYN<br/>3047 S ATLANTIC AVE<br/>DAYTONA BEACH SHORES FL 32118</b> |  |
|---|--|

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   |             |
| <b>FL</b>   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>WOODWARD, JAMES F.</b>                |
| STREET ADDRESS             | <b>1238 RIDGEWOOD AVE.</b>               |
| CITY-ST-ZIP                | <b>HOLLY HILL FL</b>                     |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>PENNELL, CLARK PHD.</b>               |
| STREET ADDRESS             | <b>3959 S. NOVA SUITE 5</b>              |
| CITY-ST-ZIP                | <b>PORT ORANGE FL</b>                    |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>CLOWER, MICHAEL</b>                   |
| STREET ADDRESS             | <b>378 S. ATLANTIC AVE</b>               |
| CITY-ST-ZIP                | <b>ORMOND BEACH FL</b>                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>HOUSTON, JENNIFER</b>                 |
| STREET ADDRESS             | <b>1335 FLEMING AVE. #40</b>             |
| CITY-ST-ZIP                | <b>ORMOND BEACH FL</b>                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>BERNER, DEBRA ANNE</b>                |
| STREET ADDRESS             | <b>933 VILLAGE DRIVE</b>                 |
| CITY-ST-ZIP                | <b>ORMOND BEACH FL</b>                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>HARRISON, JACQUELYN</b>               |
| STREET ADDRESS             | <b>3047 S ATLANTIC AVE</b>               |
| CITY-ST-ZIP                | <b>DAYTONA BCH SHORES FL</b>             |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. |   |
|--|---|
| 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME   |   |
| 1.3 STREET ADDRESS                                     |   |
| 1.4 CITY-ST-ZIP  |   |
| 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME   |   |
| 2.3 STREET ADDRESS                                     |   |
| 2.4 CITY-ST-ZIP  |   |
| 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME   |   |
| 3.3 STREET ADDRESS                                     |   |
| 3.4 CITY-ST-ZIP  |   |
| 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME   |   |
| 4.3 STREET ADDRESS                                     |   |
| 4.4 CITY-ST-ZIP  |   |
| 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME   |   |
| 5.3 STREET ADDRESS                                     |   |
| 5.4 CITY-ST-ZIP  |   |
| 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME   |   |
| 6.3 STREET ADDRESS                                     |   |
| 6.4 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.

SIGNATURE: Jacquelyn Harrison Pres/CEO Jacquelyn Harrison 1-9-98 904-252-5785

CR2E037 (10/97)