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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717532

1. Corporation Name

VOLUSIA COUNTY MENTAL HEALTH ASSOCIATION

Principal Place of Business

531 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114
US

Mailing Address

531 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/10/1969

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

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 **GAIL A. GREGORY**
82 Street Address (P.O. Box Number is Not Acceptable)
935 W. RICH AVE.
83
84 City **DE LAND** FL 85 Zip Code **32720**

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 617.4503, Florida Statutes.

SIGNATURE *Gail A. Gregory* **GAIL A. GREGORY** 1/14/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WOODWARD, JAMES F.**
STREET ADDRESS **1238 RIDGEWOOD AVE.**
CITY-ST-ZIP **HOLLY HILL FL**

TITLE **D** ☒ DELETE
NAME **PENNEL, CLARK PHD.**
STREET ADDRESS **3959 S. NOVA SUITE 5**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE **D** ☐ DELETE
NAME **CLOWER, MICHAEL**
STREET ADDRESS **378 S. ATLANTIC AVE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE
NAME **HOUSTON, JENNIFER**
STREET ADDRESS **1335 FLEMING AVE. #40**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE
NAME **BERNER, DEBRA ANNE**
STREET ADDRESS **933 VILLAGE DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☒ DELETE
NAME **HARRISON, JACQUELYN**
STREET ADDRESS **3047 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BCH SHORES FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VICE CHAIR OF MEMBERSHIP** ☒ Change ☐ Addition
2.2 NAME **MARBY RICHARDSON**
2.3 STREET ADDRESS **194 LE KYTE CIRCLE**
2.4 CITY-ST-ZIP **PORT ORANGE, FL 32119**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **PRESIDENT-CEO**
6.3 STREET ADDRESS **GAIL A GREGORY**
6.4 CITY-ST-ZIP **935 W RCH**
DE LAND, FL 32720

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, with all other like empowered.

SIGNATURE: *Gail A. Gregory* **GAIL A. GREGORY** 1/14/99 252-5785 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)