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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:48

DOCUMENT # 719602 (5)

1. Corporation Name
MENTAL HEALTH ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
5930 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	5930 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1970
3a. Date of Last Report: 07/08/1994
4. FEI Number: 59-0721416 ☐ 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
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

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

9. Name and Address of Current Registered Agent

JOHNSON, JULIE E.
5930 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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 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	VCD	1.1 TITLE	C	XX Change ☐ Addition
NAME	MCCULLOUGH, PATRICIA	1.2 NAME	KATHY TURNER-MOTLEY	
STREET ADDRESS	501 E. BAY ST. ROOM 204	1.3 STREET ADDRESS	1237 ALDERMAN ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	CD	2.1 TITLE	VP	X Change ☐ Addition
NAME	BRUESKE, LYNN	2.2 NAME	GLORIA LOCKLEY	
STREET ADDRESS	10609-4 OLD ST. AUGUSTINE RD	2.3 STREET ADDRESS	7030 ST. AUGUSTINE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	VCD	3.1 TITLE	S/Tr	XX Change ☐ Addition
NAME	WASHINGTON, STEWARD	3.2 NAME	PAT BOGER	
STREET ADDRESS	215 MARKET ST	3.3 STREET ADDRESS	1732 KINGSLEY AVE SUITE #1	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32073	
TITLE	CED	4.1 TITLE	T	XX Change ☐ Addition
NAME	MOTLEY, KATHY	4.2 NAME	MARY LANE	
STREET ADDRESS	1237 ALDERMAN RD. E.	4.3 STREET ADDRESS	9951 ATLANTIC BLVD. SUITE #255	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	SD	5.1 TITLE	Tr	XX Change ☐ Addition
NAME	COTTEN, SRA	5.2 NAME	SARA COTTEN	
STREET ADDRESS	1846 LEEWARD LANE	5.3 STREET ADDRESS	1846 LEEWARD LANE	
CITY-ST-ZIP	NEPTUNE BEACH FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32266	
TITLE	TD	6.1 TITLE	Tr	XX Change ☐ Addition
NAME	BOGER, PATRICIA	6.2 NAME	LYNN BRUESKE	
STREET ADDRESS	1732 KINGSLEY AVE, #1	6.3 STREET ADDRESS	10609-4 OLD ST. AUGUSTINE ROAD	
CITY-ST-ZIP	ORANGE PARK FL	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	

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)(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: Julie Johnson, President & CEO 2/2/95 (904)721-4282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026591

Mental Health Association of Jacksonville, Inc.

5930 Arlington Expressway ☐ Jacksonville, FL 32211 ☐ (904) 721-4282 ☐ FAX (904) 721-0525

DR-14
R. 01/93

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CONSUMER'S CERTIFICATE OF EXEMPTION
Issued Pursuant to Sales and Use Tax Law
Chapter 212, Florida Statutes
This Certificate is Non-Transferable

100203

ISSUE DATE	EXPIRATION DATE	CERTIFICATE NUMBER	TYPE OF ORGANIZATION
04/09/94	04/09/1999	26-08-107563-56C	CHARITABLE

[X]

This is to certify that the organization indicated below is hereby exempt from the payment of Sales or Use Tax on the purchase or lease of tangible personal property, the lease of transient rental accommodations or real property.

Mailing Address:

MENTAL HEALTH ASSOC OF JACKSONVILLE
5930 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-0000

Location Address:

5930 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-0000

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

EXECUTIVE DIRECTOR