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 # **719602** **(5)**

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF NORTHEAST FLORIDA, INC.

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

3. Date Incorporated or Qualified: **10/29/1970**
3a. Date of Last Report: **02/08/1995**

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: **59-0721416** ☐ 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

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

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 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	C	☑ DELETE	1.1 TITLE	C/D ☑ Change ☐ Addition
NAME	TURNER-MOTLEY, KATHY		1.2 NAME	MICHAEL SOLLOWAY, M.D.
STREET ADDRESS	1237 ALDERMAN ROAD E		1.3 STREET ADDRESS	3725 Belfort Road
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VP	☑ DELETE	2.1 TITLE	V/D ☑ Change ☐ Addition
NAME	LOCKLEY, GLORIA		2.2 NAME	CHUCK NICHOLS
STREET ADDRESS	7030 ST AUGUSTINE ROAD		2.3 STREET ADDRESS	524 Stockton Street
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	STR	☑ DELETE	3.1 TITLE	S ☑ Change ☐ Addition
NAME	BOGER, PAT		3.2 NAME	TRISH MOWRY
STREET ADDRESS	1732 KINGSLEY AVE SUITE #1		3.3 STREET ADDRESS	10454 Innisbrook Drive
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	T	☑ DELETE	4.1 TITLE	T ☑ Change ☐ Addition
NAME	LANE, MARY		4.2 NAME	ROBERT A. LEE
STREET ADDRESS	9951 ATLANTIC BLVD SUITE 255		4.3 STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 2801
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	TR	☑ DELETE	5.1 TITLE	D ☑ Change ☐ Addition
NAME	COTTEN, SARA		5.2 NAME	GLORIA LOCKLEY
STREET ADDRESS	1846 LEEWARD LANE		5.3 STREET ADDRESS	7030 ST. AUGUSTINE ROAD
CITY-ST-ZIP	NEPTUNE BEACH FL		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	TR	☑ DELETE	6.1 TITLE	D ☑ Change ☐ Addition
NAME	BRUESKI, LYNN		6.2 NAME	SARA COTTEN
STREET ADDRESS	10609-4 OLD ST AUGUSTINE RD		6.3 STREET ADDRESS	1846 LEEWARD LANE
CITY-ST-ZIP	ORANGE PARK FL		6.4 CITY-ST-ZIP	NEPTUNE BEACH, FL 32266

CR2E037 (12/95)

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: Julie Johnson JULIE JOHNSON EXEC DIR. 1-22-96 904-721-4282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MENTAL HEALTH BOARD OF DIRECTORS 1995/1996

Revised 9/18/95

1. Nancy Altman
1142 Morvenwood Rd.
Jacksonville, FL 32207
Work Phone: 745-7150 (ext 7156)
or 398-9211

2. Max Anderson
2001 Art Museum Drive
Jacksonville, FL 32207
Work Phone: 396-0899

3. Theodore R. Brown
4425 Poppy Tree Lane
Jacksonville, FL 32258
Work Phone: 443-1613

4. **Sara Cotten**
Vice-Chair for Consumer Relations
1846 Leeward Lane
Neptune Beach, FL 32266
Home Phone: 246-3350

5. Ruthan Deese
3305 Hendricks Ave
Jacksonville, FL 32207
Work Phone: 396-7553
Home Phone: 260-8426

6. John Duvall
P. O. Box 41566
Jacksonville, FL 32203
Work Phone: 356-8073

7. Jeanne M. Goshen
3011 Herschel Street
Jacksonville, FL 32205
Work Phone: 384-8778

8. Carolyn Hillhouse Jones, M.A.
5332 Rollins Ave.
Jacksonville, FL 32207
Work Phone: 1-800-358-4291
or (904) 261-9453

9. Gary Izzo
Florida Physicians Co.
P. O. Box 44033
Jacksonville, FL 32231
Work Phone: 354-5910

10. Deborah Knauer
50 N. Laura Street
Suite 3500
Jacksonville, FL 32202
Work Phone: 356-0700

11. **Robert A. Lee** **Treasurer**
One Independent Drive Suite 2801
Jacksonville, FL 32202
Work Phone: 356-0011

12. **Gloria Lockley** **Chair Elect**
7030 St. Augustine Road
Jacksonville, FL 32217
Work Phone: 390-2085

13. Goodlett McDaniel
31 Jessica Lynn Place
St. Augustine, FL 32086
Work Phone: 276-8601

14. Susan Merrett
1817 Bayard Pl
Jacksonville, FL 32205
Work Phone: 390-2094
Home Phone: 387-3418

15. Wanda Metzger
P. O. Box 8707
Jacksonville, FL 32239-8707
Work Phone: 724-7943

16. **Kathy Turner-Motley**
Immediate Past Chair
1237 Alderman Road E
Jacksonville, FL 32211
Work Phone: 721-7778

17. **Trish Mowry** **Secretary**
10454 Innisbrook Drive
Jacksonville, FL 32222
Work Phone: 733-7333
Home Phone: 777-3797

18. **Chuck Nichols** **Vice-Chair**
524 Stockton Street
Jacksonville, FL 32204
Work Phone: 387-7999

19. John W. Orrison
500 Water Street
SCJ 500
Jacksonville, FL 32202
Work Phone: 359-3318 or 359-1740

20. Hope Haywood Paul
13045 Biggen Church Road
Jacksonville, FL 32224
Work Phone: 739-3349
Home Phone: 223-9862

21. Sig Safier
6330 Colgate Road
Jacksonville, FL 32217
Home Phone: 733-8753

22. **Michael Solloway, M. D.**
Chair of the Board
3725 Belfort Road
Jacksonville, FL 32216
Work Phone: 737-1677 ext: 307

23. Shirley Webb
2755 Riverside Ave.
Jacksonville, FL 32205
Work Phone: 353-3300
Home Phone: 389-5355