FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719

(5)

MENTAL HEALTH ASSOCIATION OF NORTHEAST FLORIDA, INC.

Principal Place of Business Mailing Address

5930 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

JACKSONVILLE FL 3221156

FILED May 14 1997 8:00am Secretary of State



5930 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211		5930 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211-7156			
				3. Date Incorporated or Qualified 10/29/1970	3a. Date of Last Report 01/31/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			59-0721416	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	10	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Ro	egistered Agent
5930 AR JACKSO	DN, JULIE E. RLINGTON EXPRESSWAY INVILLE FL 32211		83 Ri 84 Ci59	Ellen W. Weston Address (P.O. Box Number is Not Accepta ver House 30 Arlington Expressway	85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 617.0: registered agent, or both, in the Sta am familiar with, and accept the obl	ESTON INTER.	IM PRES 1	CKSORVITIE d corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signature	e required when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	CD COLLOWAY MICHAEL M.D.	(X) DELETE	1.1 TITLE	CD	X Change Addition
NAME	SOLLOWAY, MICHAEL M.D. 3725 BELFORT RD		1.2 NAME	Lockley, Gloria	
STREET ADDRESS	JACKSONVILLE FL		1.3 STREET ADDRESS	7030 St. Augustine Roa	d
CITY-ST-ZIP TITLE	VD VD	ĽĂ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Jacksonville, Florida	32217 Change Addition
NAME	NICHOLS, CHUCK	7. 00000	2.2 NAME	\	A Straings E Madridon
STREET ADDRESS	524 STOCKTON ST		2.3 STREET ADDRESS	Nancy Decray 2545 S. Ponte Vedra Bl	ud
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE	S	Ŏ DELETE	3.1 TITLE	Ponte Vedra Beach, Flo S	Change Addition
NAME	MOWRY, TRISH		3.2 NAME	1 5	^
STREET ADDRESS	10454 INNISBROOK DR		3.3 STREET ADDRESS	McDaniel, Goodlett 31 Jessica Lynn Place	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	St. Augustine, Florida	32086
TITLE	1	☐ DELETE	4.1 TITLE	- Augustine; 1101100	Change Addition
NAME	LEE, ROBERT A.		4. 2 NAME		
\$TREET ADDRESS	ONE INDEPENDENT DR SUI	TE 2801	4.3 STREET ADDRESS	l	
CITY-ST-ZIP	JACKSONVILLE FL	X	4.4 CITY - ST - ZIP	D	у.
TITLE	D	☐ DELETE	5.1 TITLE	Shirley Webb	Change 🔼 Addition
NAME	LOCKLEY, GLORIA		5.2 NAME	275 Riverside Avenue	
STREET ADDRESS	7030 ST AUGUSTINE RD		5.3 STREET ADDRESS	Jacksonville, Florida	32205
CITY-ST-ZIP	JACKSONVILLE FL	T because	5.4 CITY - ST - ZIP	oucksonville, itoliua	
TITLE	D COTTON CARA	DELETE	6.1 TITLE		Change Addition
NAME	COTTEN, SARA		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL		6.4 CITY - ST - ZIP		

14. I do 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.

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