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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 719602

1. Corporation Name
MENTAL HEALTH ASSOCIATION OF NORTHEAST FLORIDA, INC.

Principal Place of Business
5930 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Mailing Address
5930 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

2. Principal Place of Business
21 1914 BEACHWAY Rd Ste
Suite, Apt. #, etc.
22 3-H
City & State
23 Jacksonville, FL
Zip 24 32207 Country 25 DUVAL

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
10/29/1970

4. FEI Number
59-0721416
☐ Applied For
☐ Not Applicable

5. Certifcate 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

~~MYERS, CLAUD~~
~~RIVER HOUSE~~
~~5930 ARLINGTON EXPRESSWAY~~
~~JACKSONVILLE FL 32211~~

10. Name and Address of New Registered Agent

81 Name SUSAN BYRNE SIEMER
82 Street Address (P.O. Box Number is Not Acceptable) 1914 BEACHWAY Rd, Ste 3H
83
84 City JACKSONVILLE FL 85 Zip Code 32207

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 [signature] SUSAN BYRNE SIEMER 5/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOCKLEY, GLORIA 7030 ST. AUGUSTINE RD. JACKSONVILLE FL 32217	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIR = CHAIRMAN RUTHAN DEESE 3305 HENDRICKS AV JACKSONVILLE, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECRAY, NANCY 2545 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIR ELIZABETH CLINE 1070 E. ADAMS ST JACKSONVILLE, FL 32201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VICKERS, ANGELA 6956 LA MESA DR W JACKSONVILLE FL 32217	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIR - SEC VERONICA MEDINA 1525 YUKON ST JACKSONVILLE FL 32205	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MYERS, CLAUDE 5930 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P SUSAN BYRNE SIEMER 1914 BEACHWAY Rd, Ste 3H JACKSONVILLE FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBB, SHIRLEY 275 RIVERSIDE AVE. JACKSONVILLE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Goodlet McDANIEL 4409 ASHFIELD DR JACKSONVILLE, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTTEN, SARA 1846 LEEWARD LANE NEPTUNE BEACH FL 32266	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: [signature] SIGNATURE REQUIRED 5/27/99 904-399-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #