2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90130 034 ****61.25

DOCUMENT # 719602

1. Entity Name

MENTAL HEALTH ASSOCIATION OF NORTHEAST FLORIDA,

Principal Place of Business	Mailing Address
1914 BEACHWAY ROAD SUITE 3-H JACKSONVILLE FL 32207 US	1914 BEACHWAY ROAD SUITE 3-H JACKSONVILLE FL 32207-2363 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIEMER, SUSAN B
1914 BEACHWAY ROAD, SUITE 3-H
5930 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office *or* registered agent, or both, in the state of Florida.

SIGNATURE [signature], Pres & CEO 1/24/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC DERSE, RUTHAN 3305 HENDRICKS AVENUE JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Board Chair J. Goodlet McDaniel 4409 Ashfield Dr. Jacksonville, FL 32224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINE, ELIZABETH 1070 E. ADAMS STREET JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chair Elect Elizabeth Cline 1070 E. Adams Street Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MEDINA, VERONICA 1525 YUKON STREET JACKSONVILLE FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Raymond Z. Bateh 637 Park Street Jacksonville, FL 32204 Treasurer	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIEMER, SUSAN B 1914 BEACHWAY ROAD, SUITE 3-H JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President Susan B. Siemer	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDANIEL, GOADLET 4409 ASHFIELD DRIVE JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Secretary Beverly D. Jackson 500 Water Street Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTTEN, SARA 1846 LEEWARD LANE NEPTUNE BEACH FL 32266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See attached	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/24/2000 904 399-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #