2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
04-29-2002 90048 046 ****70.00

32531

DO NOT WRITE IN THIS SPACE

DOCUMENT # 719602

1. Entity Name

MENTAL HEALTH ASSOCIATION OF NORTHEAST FLORIDA, INC.

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~~ US

2. Principal Place of Business	3. Mailing Address
4615 Philips Hwy Suite, Apt. #, etc.	4615 Philips Hwy Suite, Apt. #, etc.
Jacksonville, FL City & State	Jacksonville, FL City & State
32207 Zip	Duval Country
32207 Zip	Duval 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~~ 4615 Philips Hwy
~~5930 ARLINGTON EXPRESSWAY~~
JACKSONVILLE FL 32207 Jacksonville FL

7. Name and Address of New Registered Agent

Name ~~Changed Address~~
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 _____ 4/15/02
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	CM O'HARA BROOKS, DELORIS ST JOHN HORIZON HOUSE, 6068 VERDES RD JACKSONVILLE FL 32244	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BC CLINE, ELIZABETH 1070 E. ADAMS STREET JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BATEH, RAYMOND Z 637 PARK ST JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, BEVERLY D 500 WATER ST JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition

Please see attached
TARA WILDES BC
500 E Adams St
Jax 32202
HERB LAINE VEC
3292 County Rd 220
MIDDLEBURG FL
32068
TARA WILDES 32202
500 E. ADAMS ST JAX, FL

CR2E037 (9/01)

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: SUSAN SIEMER PRESIDENT & CEO 4/15/02 904 730-8291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2nd Vice President Secretary