# 2007 NOT-FOR-PROFIT CORPORATION

#### Feb 02, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT #719602 02-02-2007 90006 009 \*\*\*\*61.25 MENTAL HEALTH ASSOCIATION OF NORTHEAST FLORIDA, INC. Principal Place of Business Mailing Address 4615 PHILIPS HWY **4615 PHILIPS HWY** 40008618 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-0721416 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUSAN B Name SIEMER, SUSAN B 4613 PHILIPS HWY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32207 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition LAMB, CHRISTOPHER NAME NAME 3376 LAKESNORE BLVD JACKSONVILLE, FL 32210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition HARDIN, CECIL' NAME NAME 1100 CESERY BLVD. STREET ADDRESS STREET ADDRESS JACKSONVILLE, FA 3221 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition BRUESKE, LYNN E NAME NAME STREET ADDRESS STREET ADDRESS 3810-1 WILLIAMSBURO PARK BLVD. JACKSONVILLE, FL 32267 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change SIEMER, SUSAN B NAME NAME STREET ADDRESS 4615 PHILLIPS HW STREET ADDRESS JACKSONVILLE, L 32207 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE CARROLL, LYNNE NAME NAME 4561 ZST JOHNS BLUFF RD. S. STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-ZIP

FILED

□ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

WILDES, TARA

501 E. BAY ST.

JACKSONVILLE, FL 32202

SIGNATURE: SUSAD BYME

## **ATTACHMENT**

### Mental Health Association of Northeast Florida Board Of Directors, 2006-2007

#719602

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