2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 721962

Entity Name: MENTAL HEALTH ASSOCIATION IN FLORIDA INC. VOLUSIA COUNTY

Current Principal Place of Business:

531 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

531 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-6044669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGORY, GAIL A
531 RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

DECKER, BOB
531 RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

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: BOB DECKER 03/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CAHEN, RON
Address: 20 W. SEA HARBOR DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VC ( ) Delete
Name: LADWIG, MICHAEL
Address: 555 W. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete
Name: ROGAN, KATHLEEN
Address: 149 BLACK DUCK CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: T ( ) Delete
Name: WOODWARD, JAMES F
Address: 349 TROPICAL LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: CAHEN, RON
Address: 20 W. SEA HARBOR DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C ( ) Change (X) Addition
Name: CROCKER, JAY
Address: 301 OCEAN AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VC ( ) Change (X) Addition
Name: GANDT-HUDSON, MARILYN
Address: 5998 SAWGRASS POINT
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB DECKER P 03/23/2009
Electronic Signature of Signing Officer or Director Date