2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721962

FILED Feb 16, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

531 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114

Current Mailing Address: New Mailing Address:

531 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PC

Name: CAHEN, RON

Address: 20 W. SEA HARBOR DRIVE City-St-Zip: ORMOND BEACH, FL 32176

Title: VC

Name: LADWIG, MICHAEL

Address: 595 W. GRANADA BLVD. E-2 City-St-Zip: ORMOND BEACH, FL 32174

Title: S

Name: ROGAN, KATHLEEN
Address: 149 BLACK DUCK CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32119

Title:

Name: WOODWARD, JAMES F
Address: 349 TROPICAL LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: C

Name: CROCKER, JAY Address: 301 OCEAN AVENUE

City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VC

Name: GANDT-HUDSON, MARILYN
Address: 5998 SAWGRASS POINT
City-St-Zip: PORT ORANGE, FL 32128

I hereby 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 all other like empowered.

SIGNATURE: BOB DECKER MR. 02/16/2010