

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721962

FILED
Feb 16, 2011
Secretary of State

Entity Name: MENTAL HEALTH AMERICA OF EAST CENTRAL FLORIDA, INC.

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:

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

Name and Address of New Registered Agent:

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:

Title: PC
Name: CROCKER, JAY
Address: 301 OCEAN AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VC
Name: LADWIG, MICHAEL
Address: 595 W. GRANADA BLVD. E-2
City-St-Zip: ORMOND BEACH, FL 32174

Title: S
Name: WALTER, DEBRA
Address: 174 GROVE STREET
City-St-Zip: DAYTONA BEACH, FL 32114

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

Title: C
Name: COURTNEY, CARRIE
Address: 136 WEST GARDENIA DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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

PCEO

02/16/2011

Electronic Signature of Signing Officer or Director

Date