

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742176

FILED
Apr 23, 2008
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATION IN INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

777 37TH STREET
SUITE D-104
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

777 37TH STREET
SUITE D-104
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-1693337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMEISON, TIMOTHY
650-101 N CENTRE COURT
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

HAMMOND, BARBARA R
4683 PEBBLE BAY CIRCLE
VERO BEACH, FL 32963 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: BARBARA R. HAMMOND

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMMOND, BARBARA R
Address: 4683 PEBBLE BAY CIR
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: JAMEISON, TIM
Address: 650-101 N CENTRE CT
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: YOUNG, ROBERT H
Address: 20 PAGET CT
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: WHITELEY, BEVERLY
Address: 1906 33RD AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: VINSON, ROBERT MD
Address: 5600 16TH ST
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HELMLY, BILL
Address: 915 SEAGRAPE LANE
City-St-Zip: VERO BEACH, FL 32963

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

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

Title: D (X) Change () Addition
Name: BEADLE, GRANT
Address: P.O. BOX 3098
City-St-Zip: VERO BEACH, FL 32964

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: BARBARA R. HAMMOND

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date