## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#742176** 

FILED Jan 13, 2010 Secretary of State

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

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

820 37TH PLACE

VERO BEACH, FL 32960 US

Current Mailing Address: New Mailing Address:

820 37TH PLACE

VERO BEACH, FL 32960 US

FEI Number: 59-1693337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YOUNG, ROBERT H
YOUNG, ROBERT H

30 PAGÉT CT 20 PAGÉT CT

VERO BEACH, FL 32963 US 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: 01/13/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: CEO

Name: SARKAUSKAS, KRISTINE Address: 242 DEL MONTE RD City-St-Zip: SEBASTIAN, FL 32958 US

Title: C

Name: YOUNG, ROBERT H Address: 20 PAGET COURT

City-St-Zip: VERO BEACH, FL 32963 US

Title:

Name: JAMEISON, TIM

Address: 650-101 NORTH CENTRE COURT City-St-Zip: VERO BEACH, FL 32962 US

Title: [

Name: BEADLE, GRANT Address: P.O. BOX 3098

City-St-Zip: VERO BEACH, FL 32964 US

Title: [

 Name:
 WHITELY, BEVERLY

 Address:
 1906 33RD AVENUE

 City-St-Zip:
 VERO BEACH, FL 32960 US

Title: [

Name: OFSTIE, NANCY

Address: 919 ORCHID POINT WAY
City-St-Zip: VERO BEACH, FL 32963 US

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: KRISTINE SARKAUSKAS CEO 01/13/2010