2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 742176

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

Current Principal Place of Business:

820 37TH PLACE
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

820 37TH PLACE
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:

YOUNG, ROBERT H
20 PAGET CT
VERO BEACH, FL 32963 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: 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: T
Name: JAMEISON, TIM
Address: 650-101 NORTH CENTRE COURT
City-St-Zip: VERO BEACH, FL 32962 US

Title: D
Name: BEADLE, GRANT
Address: P.O. BOX 3098
City-St-Zip: VERO BEACH, FL 32964 US

Title: D
Name: WHITELY, BEVERLY
Address: 1906 33RD AVENUE
City-St-Zip: VERO BEACH, FL 32960 US

Title: D
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 D. SARKAUSKAS CEO 02/15/2011
Electronic Signature of Signing Officer or Director Date