

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749846

FILED
Apr 30, 2007
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2335 9TH STREET NORTH, STE 404
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

2335 9TH STREET NORTH, STE 404
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 23-7057026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, PETERA
2335 9TH STREET NORTH
SUITE 404
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

JONES, PETRA
2335 9TH STREET NORTH
SUITE 404
NAPLES, FL 34103 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: PETRA JONES

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SECR () Delete
Name: BUCKLEY, THOMAS
Address: 1116 HEALTH PARK BLVD.
City-St-Zip: NAPLES, FL 34410

Title: TREA () Delete
Name: FREEMAN, CELINDA
Address: 3243 HORSE CARRIAGE WAY #12
City-St-Zip: NAPLES, FL 34105

Title: PRES () Delete
Name: MUNZ, ROGER
Address: 6750 LONE OAK BLVD, UNIT E-2
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: HUDAK, LIZ
Address: 2046 TERRAZZO LANE
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: KOWALSKI, JAY
Address: 388 1ST AVE. S
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SCIFRES, ROBERT
Address: 2310 SILVER PALM PLACE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEMICHELE, DOROTHY
Address: 2600 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34410

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

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

Title: D (X) Change () Addition
Name: CONSOLO, CATHERINE
Address: 1361 WOOD DUCK TRAIL
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change () Addition
Name: HARRIS, SHARON
Address: 749 12TH AVE S
City-St-Zip: NAPLES, FL 34102

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

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: PETRA JONES

ED

04/30/2007

Electronic Signature of Signing Officer or Director

Date