

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749846

FILED  
Jul 07, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JONES, PETRA  
2335 9TH STREET NORTH  
SUITE 404  
NAPLES, FL 34103 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: D      ( ) Delete  
Name: DEMICHELE, DOROTHY  
Address: 2600 IMMOKALEE RD  
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: CONSOLO, CATHERINE  
Address: 1361 WOOD DUCK TRAIL  
City-St-Zip: NAPLES, FL 34108

Title: D      ( ) Delete  
Name: HARRIS, SHARON  
Address: 749 12TH 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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

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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

EXDI

07/07/2008

\_\_\_\_\_ Date