

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749846

FILED
Jan 19, 2010
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, 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
Name: CARR, LYNN
Address: 999 NINTH STREET S STE 205
City-St-Zip: NAPLES, FL 34102

Title: TREA
Name: FREEMAN, VICTORIA
Address: 3301 E. TAMiami TRAIL BLDG. J
City-St-Zip: NAPLES, FL 34112

Title: D
Name: PITTMAN, TIFFANY
Address: 621 SW PINE ISLAND RD
City-St-Zip: CAPE CORAL, FL 33991

Title: PRE
Name: RUDNICK, JOSHUA
Address: 2210 VANDERBILT BEACH RD STE 1201
City-St-Zip: NAPLES, FL 34109

Title: D
Name: WHITE, JEREMY
Address: 3060 TAMiami TRAIL N STE 202
City-St-Zip: NAPLES, FL 34103

Title: D
Name: VARCOE, MARILYN
Address: 5150 TAMiami TRAIL N STE 203
City-St-Zip: NAPLES, FL 34103

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: PETRA JONES

ED

01/19/2010

Electronic Signature of Signing Officer or Director

Date