

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749846

FILED
Apr 04, 2012
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:

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

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

Title: D
Name: COLUMBIA, JEFFREY
Address: 5629 STRAND BLVD #401
City-St-Zip: NAPLES, FL 34110 UN

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

Title: VP
Name: KLAUS, DALE
Address: 225 BANYAN BLVD #220
City-St-Zip: NAPLES, FL 34102

Title: TREA
Name: STANFIELD, ROSS
Address: 3384 HOOVER CT
City-St-Zip: NAPLES, FL 34112

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

04/04/2012

Electronic Signature of Signing Officer or Director

Date