

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 752983 (7)**  
1. Corporation Name  
**MENTAL HEALTH ASSOCIATION OF WEST FLORIDA, INC.**



Principal Place of Business  
**1995 NORTH "H" STREET  
PENSACOLA FL 32501**

Mailing Address  
**1995 NORTH "H" STREET  
PENSACOLA FL 32501**

3. Date Incorporated or Qualified  
**06/20/1980**

3a. Date of Last Report  
**03/31/1995**

4. FEI Number  
**59-0799900**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**GARBER, KAREN M.  
105 SILVERTHORN ROAD  
GULF BREEZE FL 32561**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	D
NAME	THOMAS, CHARLES DR.	1.2 NAME	
STREET ADDRESS	7998 LANCELOT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VD
NAME	FRYMIER, DALE	2.2 NAME	O'Shaughnessy, Pam
STREET ADDRESS	2810 BAYOU GRANDE BV	2.3 STREET ADDRESS	3510 Firestone Blvd.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL. 32503
TITLE	VD	3.1 TITLE	CD
NAME	JONES, EDDIE	3.2 NAME	
STREET ADDRESS	608 W. AVERY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	V D
NAME	CALLAWAY, MARY	4.2 NAME	Michael Conrad, M.D.
STREET ADDRESS	30 JANET ST.	4.3 STREET ADDRESS	1200 Fort Pickens Rd., # 8-F
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola Beach, FL. 32561
TITLE	TD	5.1 TITLE	
NAME	CLARK, CLEO	5.2 NAME	
STREET ADDRESS	3765 FIRESTONE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	S D
NAME	SCHLEICH, JAN	6.2 NAME	Anthony, Sybil
STREET ADDRESS	3492 MAI KAI DR.	6.3 STREET ADDRESS	935 Commonwealth Rd.
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola, FL. 32504

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Karen M. Garber *Karen M. Garber* 4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (904) 438-9879 Daytime Phone #

CR2E037 (12/95)