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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1995 NORTH "H" STREET
PENSACOLA FL 325011995 NORTH "H" STREET
PENSACOLA FL 32501-18813. Date Incorporated or Qualified
06/20/19803a. Date of Last Report
05/01/19964. FEI Number
59-0799900Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 D ☒ DELETE
NAME THOMAS, CHARLES DR.
STREET ADDRESS 7998 LANCELOT DR
CITY-ST-ZIP PENSACOLA FL1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME Conrad, Michael, M.D.
1.3 STREET ADDRESS 1200 Ft. Pickens Rd. 8F
1.4 CITY-ST-ZIP Pensacola Beach, FL. 32561TITLE VD ☐ DELETE
NAME O'SHAUGHNESSY, PAM
STREET ADDRESS 3510 FIRESTONE BLVD
CITY-ST-ZIP PENSACOLA FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Kolek, Pam
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE CD ☒ DELETE
NAME JONES, EDDIE
STREET ADDRESS 608 W. AVERY ST.
CITY-ST-ZIP PENSACOLA FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD ☒ DELETE
NAME CONRAD, MICHAEL MD
STREET ADDRESS 200 FORT PICKENS RD #8-F
CITY-ST-ZIP PENSACOLA BEACH FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Jones, Eddie
4.3 STREET ADDRESS 608 W. Avery St.
4.4 CITY-ST-ZIP Pensacola, FL. 32501TITLE TD ☐ DELETE
NAME CLARK, CLEO
STREET ADDRESS 3765 FIRESTONE BLVD
CITY-ST-ZIP PENSACOLA, FL 000005.1 TITLE VD ☐ Change ☒ Addition
5.2 NAME Codone, Susan
5.3 STREET ADDRESS 10211 Sugar Creek Dr.
5.4 CITY-ST-ZIP Pensacola, FL. 32514TITLE SD ☐ DELETE
NAME ANTHONY, SYBIL
STREET ADDRESS 935 COMMONWEALTH RD
CITY-ST-ZIP PENSACOLA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

(904) 474-8362

CR2E037 (9/96)