


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752983 (7)**  
1. Corporation Name  
**MENTAL HEALTH ASSOCIATION OF WEST FLORIDA, INC.**

Principal Place of Business <b>1885 NORTH 'Y' STREET PENSACOLA FL 32501</b>	Mailing Address <b>1995 NORTH 'Y' STREET PENSACOLA FL 32501</b>
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<b>2.</b> Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a.</b> Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3.</b> Date Incorporated or Qualified <b>06/20/1980</b>	
<b>4.</b> FEI Number <b>59-0799900</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>	

**9. Name and Address of Current Registered Agent**  
**GARBER, KAREN M.**  
**105 SILVERTHORN ROAD**  
**GULF BREEZE FL 32561**

<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CD</b> <b>CONRAD, MICHAEL M</b>
STREET ADDRESS	<b>1200 FT. PICKENS RD 8F</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD</b> <b>KOLEK, PAM</b>
STREET ADDRESS	<b>3510 FIRESTONE BLVD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D</b> <b>JONES, EDDIE</b>
STREET ADDRESS	<b>808 W AVERY ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VD</b> <b>CODONE, SUSAN</b>
STREET ADDRESS	<b>10211 SUGAR CREEK DR</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD</b> <b>ANTHONY, SYBIL</b>
STREET ADDRESS	<b>835 COMMONWEALTH RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VD</b> <b>Brady, Michael</b>
3.3 STREET ADDRESS	<b>11421 Clear Creek Dr.</b>
3.4 CITY-ST-ZIP	<b>Pensacola, FL. 32514</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TD</b> <b>Marshall, William</b>
4.3 STREET ADDRESS	<b>1803 E. Scott St.</b>
4.4 CITY-ST-ZIP	<b>Pensacola, FL. 32503</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SD</b> <b>Clark, Cleo</b>
5.3 STREET ADDRESS	<b>3765 Firestone Blvd.</b>
5.4 CITY-ST-ZIP	<b>Pensacola, FL. 32503</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I 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:  **March 30, 1998 (850) 438-9879**

CR2E037 (10/97)