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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90172 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752983

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF WEST FLORIDA, INC.

Principal Place of Business

Mailing Address

1995 NORTH "H" STREET
PENSACOLA FL 32501

1995 NORTH "H" STREET
PENSACOLA FL 32501



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/20/1980

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

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

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

TITLE ☐ DELETE

NAME
CD
CONRAD, MICHAEL M
STREET ADDRESS
1200 FT. PICKENS RD 8F
CITY-ST-ZIP
PENSACOLA FL

TITLE ☐ DELETE

NAME
VD
KOLEK, PAM
STREET ADDRESS
3510 FIRESTONE BLVD
CITY-ST-ZIP
PENSACOLA FL

TITLE ☐ DELETE

NAME
VD
BRADY, MICHAEL
STREET ADDRESS
11421 CLEAR CREEK DR
CITY-ST-ZIP
PENSACOLA FL 32514

TITLE ☐ DELETE

NAME
TD
MARSHALL, WILLIAM
STREET ADDRESS
1803 E SCOTT ST
CITY-ST-ZIP
PENSACOLA, FL 00000 32503

TITLE ☐ DELETE

NAME
SD
CLARK, CLEO
STREET ADDRESS
3765 FIRESTONE BLVD
CITY-ST-ZIP
PENSACOLA FL 32503

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD
HASKINS, JACK
4675 Baywood Dr.
Pensacola, FL 32504

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, with all other like empowered.

SIGNATURE:

KAREN M. GARBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

(850) 438-9879

Date

Daytime Phone #

CR2E037 (1/98)