

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90066 019 ****61.25

DOCUMENT # 752983

1. Entity 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 32501-1881
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0799900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONRAD, MICHAEL M 1200 FT. PICKENS RD 8F PENSACOLA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOLEK, PAM 3510 FIRESTONE BLVD PENSACOLA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, MICHAEL 11421 CLEAR CREEK DR PENSACOLA FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSHALL, WILLIAM 1803 E SCOTT ST PENSACOLA, FL 00000 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, CLEO 3765 FIRESTONE BLVD PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASKINS, JACK 4675 BAYWOOD DR PENSACOLA DR

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, STEPHANIE 905 HATTON ST. PENSACOLA, FL. 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: KAREN M. GARBER 2/28/00 (850) 438-9877
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)