

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752983

FILED
Apr 27, 2004
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATION OF WEST FLORIDA, INC.

Current Principal Place of Business:

840 LAKEVIEW AVE
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

840 LAKEVIEW AVE
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-0799900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARBER, KAREN M.
2029 SEQUIA CIRCLE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

GARBER, KAREN M.
2029 SEQUOIA CIRCLE
PENSACOLA, FL 32526 US

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:

04/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HUBBARD, PATRICIA
Address: 508DART MOOR
City-St-Zip: PENSACOLA, FL 32514

Title: VD () Delete
Name: KUEHN, ELIZABETH
Address: 6321 LANLEY PL RD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: VAN HORN, FRANKIE
Address: 931 WILLIAMS DITCH RD
City-St-Zip: CANTONMENT, FL 32533

Title: VD () Delete
Name: ATTEBERRY, NORMA
Address: 7129 BAY SHORE DR
City-St-Zip: MILTON, FL 32583

Title: SD () Delete
Name: CLARK, CLEO
Address: 3765 FIRESTONE BLVD
City-St-Zip: PENSACOLA, FL 32503

Title: TD () Delete
Name: FAIRBANKS, JOEL PH.D.
Address: PO BOX 18487
City-St-Zip: PENSACOLA, FL 32523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: VAN HORN, FRANKIE
Address: 931 WILLIAMS DITCH RD
City-St-Zip: CANTONMENT, FL 32533

Title: D. (X) Change () Addition
Name: JUSTICE, SHEILA
Address: 311 E. INTENDENCIA
City-St-Zip: PENSACOLA, FL 32501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: TAYLOR, STEPHANIE
Address: 700 E. VIA DELUNA
City-St-Zip: PENSACOLA BEACH, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT HUBBARD

CD

04/27/2004

Electronic Signature of Signing Officer or Director

Date