


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90031 019 \*\*\*\*61.25

<b>DOCUMENT # 752983</b> 1. Entity Name MENTAL HEALTH ASSOCIATION OF WEST FLORIDA, INC.	
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Principal Place of Business 840 LAKEVIEW AVE PENSACOLA, FL 32501	Mailing Address 840 LAKEVIEW AVE PENSACOLA, FL 32501
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40000483



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0799900	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional ~Fee Required
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6. Name and Address of Current Registered Agent	
GARBER, KAREN M. 2029 SEQUOIA CIRCLE PENSACOLA, FL 32526	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUBBARD, PATRICIA 508DART MOOR PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUEHN, ELIZABETH 6321 LANLEY PL RD PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN HORN, FRANKIE 931 WILLIAMS DITCH RD CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, SHEILA 311 E. INTENDENCIA PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, CLEO 3765 FIRESTONE BLVD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, STEPHANIE 700 E. VIA DELUNA PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 empowered.

**SIGNATURE:**  **1-3-05 (800) 438-9872**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #