

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 25, 2007
Secretary of State

DOCUMENT# 752983

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:**BUTLER, KRIS R.
6190 ARBUTUS DRIVE
PENSACOLA, FL 32504 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CD () Delete
Name: HAMEL, DAN
Address: 5546 ORIOLE STREET
City-St-Zip: MILTON, FL 32570**Title:** SD () Delete
Name: SCHYMANSKI, JOY
Address: 7244 GRIMMS LANDING
City-St-Zip: NAVARRE, FL 32566**Title:** VD () Delete
Name: TAYLOR, SAM
Address: 4400 BAYOU BLVD. STE. 8-D
City-St-Zip: PENSACOLA, FL 32503**Title:** VD () Delete
Name: CRAWFORD, WILLIAM
Address: 1017 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501**Title:** TD () Delete
Name: ADAMSON, JACKIE
Address: 1138 EAST BURGESS RD.
City-St-Zip: PENSACOLA, FL 32504**Title:** D (X) Delete
Name: BEARD, TONI
Address: 524 BRIARWOOD DR.
City-St-Zip: PENSACOLA, FL 32506**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CD (X) Change () Addition
Name: TAYLOR, SAM
Address: 4400 BAYOU BLVD. STE 8-D
City-St-Zip: PENSACOLA, FL 32503**Title:** SD (X) Change () Addition
Name: KUEHN, LIZ
Address: 6321 LANGLEY PLACE
City-St-Zip: PENSACOLA, FL 32504**Title:** VD (X) Change () Addition
Name: CRAWFORD, WILLIAM
Address: 1017 N. PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32501**Title:** TD (X) Change () Addition
Name: ADAMSON, JACKIE
Address: 1138 EAST BURGESS RD.
City-St-Zip: PENSACOLA, FL 32504**Title:** D (X) Change () Addition
Name: BEARD, TONI
Address: 524 BRIARWOOD DR.
City-St-Zip: PENSACOLA, FL 32506**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LIZ KUEHN

SD

06/25/2007

Electronic Signature of Signing Officer or Director

Date