

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752983

FILED
Feb 29, 2008
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:

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: TAYLOR, SAM
Address: 4400 BAYOU BLVD. STE 8-D
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: KUEHN, LIZ
Address: 6321 LANGLEY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: CRAWFORD, WILLIAM
Address: 1017 N. PALAFOX ST.
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 () Delete
Name: BEARD, TONI
Address: 524 BRIARWOOD DR.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

02/29/2008

Electronic Signature of Signing Officer or Director

Date