

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752983

FILED
Apr 26, 2010
Secretary of State

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

Current Principal Place of Business:

840 LAKEVIEW AVE
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

840 LAKEVIEW AVE
PENSACOLA, FL 32501 US

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:

CRAWFORD, WILLIAM .
1017 N. PALAFOX STREET
PENSACOLA, FL 32501 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: THRESA A. HOGE

04/26/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: GOMEZ, LEWIS
Address: 1920 E. LAKEVIEW AVE.
City-St-Zip: PENSACOLA, FL 32503 US

Title: SD
Name: PARKER, PATRICIA
Address: 803 E. MORENO STREET
City-St-Zip: PENSACOLA, FL 32503 US

Title: VD
Name: VALANZANO, JERRY
Address: P.O. BOX7447
City-St-Zip: PENSACOLA, FL 32534 US

Title: TD
Name: JONES, EDDIE
Address: 608 W. AVERY STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: D
Name: FLOYD, AMADA
Address: 3318 GLENEAGLES DR.
City-St-Zip: PACE, FL 32571 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM CRAWFORD

RA

04/26/2010

Electronic Signature of Signing Officer or Director

Date