

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90224 043 ****61.25

DOCUMENT # 752983

1. Entity Name

MENTAL HEALTH ASSOCIATION OF WEST FLORIDA, INC.



Principal Place of Business

1995 NORTH "H" STREET
PENSACOLA FL 32501

Mailing Address

1995 NORTH "H" STREET
PENSACOLA FL 32501

2. Principal Place of Business

840 LAKEVIEW AVE

Suite, Apt. #, etc.

Pensacola, FL

City & State

3. Mailing Address

840 LAKEVIEW AVE

Suite, Apt. #, etc.

Pensacola, FL

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0799900**

Applied For:
Not Applicable

Zip
32501

Country

USA

Zip

32501

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARBER, KAREN M.
2029 SEQUIA 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

Karen M. Garber
Signature typed or printed name of registered agent and title if applicable.

KAREN M. GARBER
(NOTE: Registered Agent signature required when reinstating)

1-2-03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
NAME **HUBBARD, PATRICIA**
STREET ADDRESS **508 DART MOOR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Delete
NAME **KOLEK, PAM**
STREET ADDRESS **3510 FIRESTONE BLVD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **CD** ☒ Delete
NAME **BRADY, MICHAEL**
STREET ADDRESS **11421 CLEAR CREEK DR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **MD** ☒ Delete
NAME **TAYLOR, STEPHANIE**
STREET ADDRESS **905 HATTON ST**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **SD** ☐ Delete
NAME **CLARK, CLEO**
STREET ADDRESS **3765 FIRESTONE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **TD** ☒ Delete
NAME **WATERS, DEBORAH**
STREET ADDRESS **6560 CHULE VISTA**
CITY-ST-ZIP **PENSACOLA FL 32504**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **UD** ☒ Change ☐ Addition
NAME **Kuehn, Elizabeth**
STREET ADDRESS **6321 Langley Pl. Road**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **B** ☒ Change ☐ Addition
NAME **FRANKIE VAN HORN**
STREET ADDRESS **931 WILLIAMS DITCH RD.**
CITY-ST-ZIP **Cantonment, FL 32583**

TITLE **UD** ☒ Change ☐ Addition
NAME **ATHEBERRY, NORMA**
STREET ADDRESS **7129 Bay Shore Dr.**
CITY-ST-ZIP **Milton, FL 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **JOEL FAIRBANKS, Ph.D.**
STREET ADDRESS **P.O. Box 18487**
CITY-ST-ZIP **Pensacola, FL 32523**

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:

Karen M. Garber **SIGNATURE REQUIRED** **1-2-03** **(452) 438-9879**

CR2E037 (10/02)