

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002801

FILED  
Jan 25, 2008  
Secretary of State

**Entity Name:** CAPITAL REGION MENTAL HEALTH ASSOCIATION, INC.

**Current Principal Place of Business:**

12877 MAHAN DRIVE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

12877 MAHAN DRIVE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SARVIS, KEN  
12877 MAHAN DRIVE  
TALLAHASSEE, FL 32309 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: KEN SARVIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BATCHELOR, TOM  
Address: 6135 ST JOE RD  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D (X) Delete  
Name: BATCHELOR, TOM  
Address: 4405 W SHANNON LAKES  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete  
Name: FARMER, DANA  
Address: 1990 MALLORY SQ  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: FLOURNOY, ZEMMA  
Address: 1805 CROYDON DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete  
Name: SWERLICK, ANNE  
Address: 1427 MITCHELL AVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete  
Name: MITCHELL, TINA  
Address: 9490 MT EVEREST  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GLICKMAN, JOAN  
Address: 253 HAYDEN DRIVE, UNIT 146  
City-St-Zip: TALLAHASSEE, FL 32304 US

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: JOAN GLICKMAN

D

01/25/2008

Electronic Signature of Signing Officer or Director

Date