

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002801

FILED
Mar 25, 2009
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 ()**

Name and Address of Current Registered Agent:

SARVIS, KEN
12877 MAHAN DRIVE
TALLAHASSEE, FL 32309 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: D () Delete
Name: GLICKMAN, JOAN
Address: 253 HAYDEN DRIVE, UNIT 146
City-St-Zip: TALLAHASSEE, FL 32304 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ZEMMA FLOURNOY

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date