

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2010
Secretary of State

Entity Name: CAPITAL REGION MENTAL HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

1248 HALIFAX COURT
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 13742
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 90-0288635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBLE, DARWIN
1248 HALIFAX COURT
TALLAHASSEE, FL 32308 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: P
Name: HOLLEY, DOROTHY J
Address: 1738 RIVERBIRCH HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP
Name: MCGRUFF, DELBRA D
Address: 2854 OHARA DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: ST
Name: GAMBLE, DARWIN
Address: 1248 HALIFAX COURT
City-St-Zip: TALLAHASSEE, FL 32308

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: DARWIN GAMBLE

ST

04/07/2010

Electronic Signature of Signing Officer or Director

Date