

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001727

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** MENTAL HEALTH AMERICA OF BAY COUNTY, INC.

**Current Principal Place of Business:**

1137 HARRISON AVE  
STE 1  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1137 HARRISON AVE  
STE 1  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-3245462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TALIAFERRO, JAMES W  
1137 HARRISON AVE  
STE 1  
PANAMA CITY, FL 32401 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: CD  
Name: MAXWELL, BARBARA A  
Address: 315 LANDINGS DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD  
Name: CALOHAN, CLAIRE  
Address: 1101 RHODE ISLAND AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: DT  
Name: WALKER, ANNE  
Address: 4917 HENSEY AVENUE  
City-St-Zip: PANAMA CITY, FL 32404

Title: P  
Name: TALIAFERRO, JAMES W SR  
Address: 420 HARVARD BLVD  
City-St-Zip: LYNN HAVEN, FL 32444

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: JAMES W. TALIAFERRO

ED

01/25/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date