

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90270 018 \*\*\*\*61.25

<b>DOCUMENT # N94000003588</b>					
<b>1. Entity Name</b> MENTAL HEALTH ASSOCIATION OF OKALOOSA/WALTON COUNTY, INC.					
<b>Principal Place of Business</b> 571 MOONEY ROAD, NE FORT WALTON BEACH, FL 32547 US			<b>Mailing Address</b> 571 MOONEY ROAD, NE FORT WALTON BEACH, FL 32547 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102006 Chg-NP CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 59-3282067	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BARR, VIRGINIA GLYNN 641 HIWAY 98 WEST MARY ESTHER, FL 32569			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEUKENKAMP, FELIX 101 BAYWIND DRIVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, BRUCE 9 BAYSHORE DR SHALIMAR, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAPPAS, JEFF 45 BEAL PKWY. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILLEY, BARBARA 250 MIRACLE STRIP PKWY MARY ESTHER, FL 32569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOUTWELL, DEBBIE 321 BREAM AVENUE STE 308 FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E D BARR, VIRGINIA GLYNN 641 HWY 98 WEST MARY ESTHER, FL 32569	<input type="checkbox"/> Delete			
	BARR, VIRGINIA GLYNN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Virginia Glynn Barr</i> / Virginia Glynn Barr, Jan. 11, 2006 / 850-244-1040					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					