2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

					cci ctai y			
DOCUMENT # N9400003588 1. Entity Name MENTAL HEALTH ASSOCIATION OF OKALOOSA/WALTON COUNTY, INC.					01-29-2007 90097			
Principal Place 571 MOONE FORT WALTO		Mailing Address 571 MOONEY ROAD, NI FORT WALTON BEACH,			, 09420 10010000	80		
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242007 (Chg-NP CR2	E037 (12/06)		
City & State		City & State		4. FEI Number 59-32820	67		plied For t Applicable	
Zip	Country	Zip Cour		5. Certificate of	Status Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent				
or manual radio of out of the radio of the r				Name				
BARR, VIRGINIA GLYNN 641 HIWAY 98 WEST				Street Address (P.O. Box Number is Not Acceptable)				
MARY ES	ГНЕR, FL 32569							
			City	City FL Zip Code				
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered office o	r registered agent, or both, i	in the State of Florida. I	am familiar with,	and accept	
\ SIGNATURE .	Signature, typed of printed name of egistered agent a	nd title if applicable. (NOTE	E: Registered Agent signal	ture required when reinstating)	DA ¹	TE .		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIR						ate	
TITLE	PD	ECTORS	1 1.	ADDITIONS/CHAN	GES TO OFFICERS AND	DIRECTORS IN		
			11.	ADDITIONS/CHAN	GES TO OFFICERS AND		10	
		ECTORS M Delete	TITLE	PD		DIRECTORS IN		
NAME	BEUKENKAMP, FELIX		TITLE NAME	PD Culbreth, De	ebbie		10	
STREET ADDRESS	BEUKENKAMP, FELIX 101 BAYWIND DRIVE		TITLE NAME STREET ADDRESS	PD	ebbie		10	
	BEUKENKAMP, FELIX		TITLE NAME	PD Culbreth, De	ebbie ive		10	
STREET ADDRESS	BEUKENKAMP, FELIX 101 BAYWIND DRIVE		TITLE NAME STREET ADDRESS	PD Culbreth, De 19 Meigs Dr Shalimar, Fr VD	ebbie ive		10	
STREET ADDRESS CITY-ST-ZIP	BEUKENKAMP, FELIX 101 BAYWIND DRIVE NICEVILLE, FL 32578	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Culbreth, De 19 Meigs Dr Shalimar, F	ebbie ive	☐ Change	10 X Addition	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \(\frac{1}{2} \)

BARR, VIRGINIA GLYNN

MARY ESTHER, FL 32569

STREET ADDRESS 641 HWY 98 WEST

SIGNATORE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-25-2007

1-850-244/04

#N940000035-88

MENTAL HEALTH ASSOCÍATION OF OKALOOSA & WALTON COUNTIES, INC.

BOARD OF DIRECTORS

Block 11 (Con't.)

D

Addition

D

Addition

Gieseman, Alan

1005 Mar Walt Drive

Fort Walton Beach, FL 32547

Woo, Jean

136 B Staff Drive, NE

Fort Walton Beach, FL 32548

D

Godwin, Jack

Addition

865 The Masters Blvd. Shalimar, FL 32579

D

Addition

Johnson, Bernard 30 Old Ferry Road Shalimar, FL 32579

D

Addition

Morris, Charlie 251 Country Club Rd. Shalimar, FL 32579

D

Addition

Negron, Eddie

921 Mar Walt Drive

Fort Walton Beach, FL 32547

D

Addition

Pixley, Liz

927 Ridgewood Way

Niceville, FL 32578

D

Addition

Vaughan, King 3 NE Pembroke Place

Fort Walton Beach, FL 32547