

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003588

FILED
Jun 18, 2009
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATION OF OKALOOSA/WALTON COUNTY, INC.

Current Principal Place of Business:

571 MOONEY ROAD, NE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

571 MOONEY ROAD, NE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-3282067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARR, VIRGINIA GLYNN
641 HIWAY 98 WEST
MARY ESTHER, FL 32569 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: PD () Delete
Name: CULBRETH, DEBBIE
Address: 19 MEIGS DR
City-St-Zip: SHALIMAR, FL 32579

Title: VD () Delete
Name: SMITH, J.E.
Address: 1141 WINGED FOOT DR
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: PAPPAS, JEFF
Address: 45 BEAL PKWY.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: GILLEY, BARBARA
Address: 250 MIRACLE STRIP PKWY
City-St-Zip: MARY ESTHER, FL 32569

Title: SD () Delete
Name: FRAZIER, GLORIA
Address: 1270 N. EGLIN PKWY
City-St-Zip: SHALIMAR, FL 32579

Title: E D () Delete
Name: BARR, VIRGINIA GLYNN
Address: 641 HWY 98 WEST
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRAZIER, GLORIA
Address: 1270 N. EGLIN PKWY
City-St-Zip: SHALIMAR, FL 32579

Title: VD (X) Change () Addition
Name: WOO, JEAN
Address: 136B STAFF DRIVE, NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD (X) Change () Addition
Name: GIESEMAN, ALAN
Address: 2996 SCENIC HWY. 98
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: HARRIS, RICK
Address: 650 CARIBBEAN WAY
City-St-Zip: NICEVILLE, FL 32578

Title: SD (X) Change () Addition
Name: PIXLEY, ELIZABETH
Address: 927 RIDGEWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

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: VIRGINIA GLYNN BARR

ED

06/18/2009

Electronic Signature of Signing Officer or Director

Date