

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003588

FILED
Mar 16, 2011
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 ()

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
Name: WOO, JEAN
Address: 136B STAFF DRIVE, NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD
Name: PIXLEY, LIZ
Address: 927 RIDGEWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

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

Title: SD
Name: HARRIS, RICK
Address: 650 CARIBBEAN WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: HARRIS, RICK
Address: 652 CARIBBEAN WAY
City-St-Zip: NICEVILLE, FL 32578

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

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: VIRGINIA GLYNN BARR

MRS.

03/16/2011

Electronic Signature of Signing Officer or Director

Date