2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# N94000003588

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 (X)**

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

Title: VP
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: TR
Name: FREEMAN, MIKE
Address: 130 COUNTRY CLUB DR. W.
City-St-Zip: DESTIN, FL 32541

Title: ED
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 02/09/2012
Electronic Signature of Signing Officer or Director Date