

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003092

FILED
Apr 17, 2008
Secretary of State

Entity Name: THE MID-FLORIDA CENTER FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, INC.

Current Principal Place of Business:

POST OFFICE BOX 33
AVON PARK, FL 33826

New Principal Place of Business:

100 ERNEST E. SIMS STREET
AVON PARK, FL 33825

Current Mailing Address:

POST OFFICE BOX 33
AVON PARK, FL 33826

New Mailing Address:

FEI Number: 59-3458995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, ARTHUR J JR.
1282 LAKE LOTELA DRIVE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

COX, ARTHUR J SR.
1705 WOOD HILL PLACE
JACKSONVILLE, FL 32256 US

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: ARTHUR J. COX, SR.

04/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DM () Delete
Name: MCGAHEE, SELVIN
Address: P.O. BOX 1302
City-St-Zip: SEBRING, FL 33871

Title: PD (X) Delete
Name: COOPER, MARGARET
Address: P.O. BOX 388
City-St-Zip: AVON PARK, FL 33826

Title: PARL () Delete
Name: COX, ARTHUR J JR
Address: 1282 LAKE LOTELA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: DM (X) Delete
Name: BOND, THOMAS
Address: 4215 TANGIER ST
City-St-Zip: SEBRING, FL 33870

Title: VP () Delete
Name: WALKER, BOBBY
Address: 704 WALKER AVE
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: BRANCH, MIA
Address: 1910 NW LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCGAHEE, SELVIN
Address: P.O. BOX 1302
City-St-Zip: SEBRING, FL 33871

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIA BRANCH

SD

04/17/2008

Electronic Signature of Signing Officer or Director

Date