

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003092

FILED  
Jan 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

100 ERNEST E. SIMS STREET  
AVON PARK, FL 33825

**New Principal Place of Business:**

**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 SR.  
1705 WOOD HILL PLACE  
JACKSONVILLE, FL 32256 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: MCGAHEE, SELVIN  
Address: P.O. BOX 1302  
City-St-Zip: SEBRING, FL 33871

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

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

Title: ( ) Change ( ) Addition  
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: ARTHUR J. COX, SR.

AGEN

01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date