

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003092

FILED
Apr 30, 2010
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:

555 WEST MAIN STREET
BARTOW, FL 33830

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
Name: MCGAHEE, SELVIN
Address: 1719 QUEEN AVE
City-St-Zip: SEBRING, FL 33875

Title: DM
Name: THOMAS, LORNA
Address: 735 PARKVIEW PL
City-St-Zip: LAKELAND, FL 33805

Title: PARL
Name: COX, ARTHUR J JR
Address: 1705 WOOD HILL PLACE
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD
Name: BRANCH, MIA
Address: 3300 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

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: SELVIN MCGAHEE

PD

04/30/2010

Electronic Signature of Signing Officer or Director

Date