

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90110 047 ****61.25

DOCUMENT # N98000001784

1. Corporation Name

**FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION, IN
C.**

Principal Place of Business

**307 S. 24TH AVENUE
HOLLYWOOD FL 33020**

Mailing Address

**307 S. 24TH AVENUE
HOLLYWOOD FL 33020**



2. Principal Place of Business

21 335 Beard St.

Suite, Apt. #, etc.

2a. Mailing Address

26 335 Beard St.

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/27/1998

4. FEI Number

23-7294210

Applied For

Not Applicable

City & State

23 Tallahassee, FL

City & State

28 Tallahassee, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 32303

Country

25 US

Zip

29 32303

Country

30 US

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**AUNER, JOHN A
2114 N. 32ND AVENUE
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

Robert C. Harris

82 Street Address (P.O. Box Number is Not Acceptable)

335 Beard St.

83

84 City

Tallahassee

FL

85 Zip Code

32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**PD
NAME KATZ, ANDREW
STREET ADDRESS 307 SOUTH 24TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33020**

☐ DELETE

**PD
NAME MALONE, CHERYL ELECT
STREET ADDRESS 1417 N. SEMORAN BLVD. SUITE 216
CITY-ST-ZIP ORLANDO FL 32807**

☒ DELETE

**PD
NAME HANNAH, FRANK PAST
STREET ADDRESS P.O. BOX 31221 N/A
CITY-ST-ZIP PALM BEACH GARDENS FL 33421-1221**

☒ DELETE

**PD
NAME WALTON, SCOTT PAST
STREET ADDRESS 4221 BAYMEADOWS RD. SUITE 7
CITY-ST-ZIP JACKSONVILLE FL 32217**

☐ DELETE

**SD
NAME HIETPAS, GREG
STREET ADDRESS 18167 U.S. 19TH NORTH SUITE 580
CITY-ST-ZIP CLEARWATER FL 34624**

☐ DELETE

**TD
NAME VERNOT, GERARD
STREET ADDRESS 3049 WHITE IBIS WAY
CITY-ST-ZIP TALLAHASSEE FL 23208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**D
1.1 TITLE
1.2 NAME Katz, Andrew
1.3 STREET ADDRESS 307 South 24th Avenue
1.4 CITY-ST-ZIP Hollywood, FL**

☒ Change ☐ Addition

**P
2.1 TITLE
2.2 NAME Malone, Cheryl
2.3 STREET ADDRESS 1417 N Semoran Blvd, Ste 216
2.4 CITY-ST-ZIP Orlando, FL**

☐ Change ☒ Addition

**D
3.1 TITLE
3.2 NAME Jones, Don
3.3 STREET ADDRESS 703 Chesapeake Drive
3.4 CITY-ST-ZIP Gulf Breeze, FL**

☒ Change ☒ Addition

**D
4.1 TITLE
4.2 NAME Arnaldi, John
4.3 STREET ADDRESS 8080 N. 56th St.
4.4 CITY-ST-ZIP Temple Terrace, FL**

☒ Change ☐ Addition

**S/D
5.1 TITLE
5.2 NAME Hietpas, Greg
5.3 STREET ADDRESS 17757 US 19 North Suite 275
5.4 CITY-ST-ZIP Clearwater, FL**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gerard VERNOT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

DATE

850-893-3795

Daytime Phone #

CR2E037- (11/98)