## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9800006117

1. Corporation Name

MENTAL HEALTH AND DEAFNESS RESOURCES OF FLORIDA,

Principal Pace of Business						
8800 49TH	STREET NORTH					

SUITE 406-6 PINELLAS FARK FL 33782

2. Principal Place of Business

Mailing Address

2a. Mailing Address

8800 49TH STREET NORTH SUITE 406-6

PINELLAS PARK FL 33782

## FILED Apr 29, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

21		26				Ų	10/26/19 <u>98</u>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4.	FEI Number			lied For
22		27			_				Not	Applicable
_City.& State	B	City_&_State					Certificate of Status Desired		\$8.75 △	
23		28					Certificate of otatus besired		Fee Rec	uired
Zip	Country	Zip	Coun	try		6.	Election Campaign Financing		\$5.00	May Be
24	25	29	30				Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent		1		10.	Name and Address of New	Registere d	Agent	
			1	81	Name					
WILLIS RIC	CHARD G PSY.D		1	82	Street Addre	ess (P	P.O. Box Number is Not Accept	abie)		
	I STREET NORTH						<u> </u>			
SUITE 406			1	83						
	PARK FL 33782		la la	84	City				85 Zip C	ode
				-	-			FL	_   '	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes, the ab	ove-	named corp	oration	n submits this statement for the	purpose o	f changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida.Such change was 🤻	iuthorizea i	Dy tr	ne corporatio	on's bo	oard of directors. I hereby acce	br rue abt <sub>2</sub> o	ınımenı as reç	istered
=	Translat Willi, and accept the obligation									
SIGNATUF.E	Signature, typed or printed name of registered agent	and title if applicable. (NOT	: Registered A	Agent :	signature required			DATE		
12.	OFFICERS AND		13.		,		ADDITIONS/CHANGES TO OF	FICERS .\		
TITLE	D	☐ DELETE	1.1 TITL	.E					Change	☐ Addition
NAME	WILLIS, RICHARD G		1.2 NAM	Æ						
STREET ADDRESS	2015 ARBOR DRIVE		1.3 STR	EET A	DDRESS					
CITY-ST-ZIP	CLEARWATER FL 33760		1,4 CITY	Y-ST-	ZIP					
TITLE	D	☐ DELETE	2.1 TITL	Æ					Change	☐ Addition
NAME	PETTRY, CHERYL		2.2 NAM	ИĖ						Ì
STREET ADDRESS	POST OFFICE BOX 268		2.3 STR	REETA	DDRESS					
CITY-ST-ZIP	BRADENTON BEACH FL 34217		2.4 CIT	Y-ST	ZIP					
TITLE	D	☐ DELETE	3.1 TITL	.E					Change	Addition
NAME	COOVERT, DALE LEE		_ a.3.2 NAM	ИE						_
STREET ADDRE 3S	410 WARE BOULEVARD, SUITE	300	3 3 STR	REET A	DORESS					
CITY-ST-ZIP	TAMPA FL 33619		3.4. CIT	Y-ST-	ZIP					
TiTLE		☐ DELETE	4,1 TITL	Æ		_			Change	☐ Addition
NAME			4, 2 NA	ME	}					1
STREET ADDRESS			4.3 STR	REET	NDDRESS					
CITY-ST-ZIP			44 CITY	Y-ST-	ZIP					
TITLE	-	☐ DELETE	5.1 TITL	.E					Change	☐ Addition
NAME			5.2 NAM	ИΕ						
STREET ADDRE 3S			5.3 \$TR	REET A	ODRESS					ļ
CITY-ST-ZIP			5.4 CITY	Y-ST-	ZIP					
TITLE		☐ DELETE	6.1 TITL	.E					☐ Change	☐ Addition
NAME			6.2 NAA	ИE						
STREET ADDRESS			6.3 STR	REETA	NDDRESS					
CITY-ST-ZIP			6.4 CITY	Y-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 recuired 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** 

:R2E037 (11/98)