

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719602

Entity Name: MENTAL HEALTH AMERICA OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1531 LOCKEND COURT
JACKSONVILLE, FL 32221

Current Mailing Address:

1531 LOCKEND COURT
JACKSONVILLE, FL 32221 US

FEI Number: 59-0721416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KINDY, MICHELLE
1531 LOCKEND COURT
JACKSONVILLE, FL 32221 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: MICHELLE KINDY

01/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MANSFIELD, JENNIFER
Address 4615 PHILIPS HWY STE 300
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER, SECRETARY
Name LENOBLE, SHAWN
Address 7624 HOLIDAY ROAD S
City-State-Zip: JACKSONVILLE FL 32216

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: MICHELLE KINDY

ADMINISTRATOR

01/30/2021

Electronic Signature of Signing Officer/Director Detail

Date