

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008821

Entity Name: FLORIDA BEHAVIORAL HEALTH ASSOCIATION, INC.**Current Principal Place of Business:**2868 MAHAN DRIVE, SUITE 1
TALLAHASSEE, FL 32308**Current Mailing Address:**2868 MAHAN DRIVE, SUITE 1
TALLAHASSEE, FL 32308**FEI Number:** 46-5406948**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FONTAINE, MARK MSW,CAP
FLORIDA ALCHOL & DRUG ABUSE ASSOCIATION
2868 MAHAN DRIVE, SUITE 1
TALLAHASSEE, FL 32308 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C,D
Name	GREENOUGH, PATTI
Address	1400 OLD DIXIE HIGHWAY
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	C,D
Name	LEONARDO, DOUG
Address	PO BOX 428
City-State-Zip:	NEW PORT RICHEY FL 43656-0428

Title	D
Name	JACOBS, DICK
Address	PO BOX 538350
City-State-Zip:	ORLANDO FL 32853-8350

Title	CEO
Name	FONTAINE, MARK P
Address	2868 MAHAN DRIVE, SUITE 1
City-State-Zip:	TALLAHASSEE FL 32308

Title	TREASURER, DIRECTOR
Name	COSIMI, IVAN
Address	1220 WILLIS AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

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: MARK FONTAINE**EXECUTIVE DIRECTOR****02/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date