2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2020
Secretary of State
2368809782CC

DOCUMENT# N15000009844

Entity Name: TRUE NORTH MENTAL HEALTH, INC.

Current Principal Place of Business:

325 7TH AVE N
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

325 7TH AVE N
JACKSONVILLE BEACH, FL 32250

FEI Number: 47-5278523

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISHER, TOUSEY, LEAS & BALL, P.A.
501 RIVERSIDE AVENUE
SUITE 600
JACKSONVILLE, FL 32202 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: MARVIN C. KLOEPPEL, VICE PRESIDENT 04/08/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	SD
Name	JACOBS, DON O	Name	MORGAN, JOHN B
Address	325 7TH AVE N	Address	325 7TH AVE N
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	TD	Title	D
Name	BRADSHAW, NELSON	Name	FUNKHOUSER, CINDY
Address	325 7TH AVE N	Address	325 7TH AVE N
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	D	Title	D
Name	BROWN, VICKI L	Name	SWEAT, JERRY
Address	325 7TH AVE N	Address	325 7TH AVE N
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: DON O. JACOBS PRESIDENT 04/08/2020

Electronic Signature of Signing Officer/Director Detail — Date