2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2024
Secretary of State
4942132034CC

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Entity Name: MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

909 FERN STREET
WEST PALM BEACH, FL 33401

Current Mailing Address:

909 FERN STREET
WEST PALM BEACH, FL 33401

FEI Number: 59-0760220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCAUSLAND, ANDREW R. CEO
909 FERN STREET
WEST PALM BEACH, FL 33401 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: ANDREW R. MCAUSLAND 01/08/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	COMER, KIMBERLY
Address	909 FERN STREET
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VC
Name	HARRIS, JANE DR.
Address	909 FERN STREET
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SECRETARY
Name	FREEMAN, HARRIET ESQ.
Address	909 FERN STREET
City-State-Zip:	WEST PALM BEACH FL 33401

Title	TREASURER
Name	KIMBALL, DAVID
Address	909 FERN STREET
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	OJURONGBE, SANDRA DR.
Address	909 FERN STREET
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	WARREN, BENJAMIN
Address	909 FERN STREET
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DIRECTOR
Name	GORDON, JEANETTE
Address	909 FERN STREET
City-State-Zip:	WEST PALM BEACH FL 33401

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: KIMBERLY COMER BOARD CHAIR 01/08/2024

Electronic Signature of Signing Officer/Director Detail — Date