2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007
Secretary of State

DOCUMENT# N02000003935

Entity Name: CHRISTINA G. SMITH COMMUNITY MENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

4265 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351

New Principal Place of Business:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

Current Mailing Address:

4265 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351

New Mailing Address:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

FEI Number: 30-0130880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVE., STE. 2800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HIGGS, MARK
Address: 2500 KENSINGTON BLVD
City-St-Zip: DAVIE, FL 33325 US

Title: D ( ) Delete
Name: BUNETTA, THERESA
Address: 3600 WEST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: T ( ) Delete
Name: CAMPAGNA, LINDA
Address: 2825 ARCADIA DRIVE
City-St-Zip: MIRAMAR, FL 33023 US

Title: CO-P ( ) Delete
Name: CORREIA-KENT, JOANNE C CO-PRES
Address: 6007 NW 65 TERRACE
City-St-Zip: PARKLAND, FL 33067 US

Title: CO-P ( ) Delete
Name: LAVALLE, DONNA L
Address: 2819 NE 21 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: S ( ) Delete
Name: MAY, ANN
Address: 310 SE 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOANNE CORREIA-KENT CO-P 05/18/2007

Electronic Signature of Signing Officer or Director Date