

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34005** (1)

1. Corporation Name

FLORIDA ASSOCIATION OF MENTAL HEALTH ADMINISTRATORS, INC.



Principal Place of Business 919 NE 13TH STREET FT. LAUDERDALE FL 33304 US	Mailing Address 919 NE 13TH STREET FT. LAUDERDALE FL 33304 US
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3. Date Incorporated or Qualified

09/06/1989

4. FEI Number

65-0183166

Applied For

Not Applicable

2. Principal Place of Business

21 **11254 58th St. No.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **11254 58th St. No.**
Suite, Apt. #, etc.

22 City & State

23 **Pinellas Park, FL**
Zip Country

24 **33782** 25 **US**

27 City & State

28 **Pinellas Park, FL**
Zip Country

29 **33782** 30 **US**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRISCH, JACK A
919 NE 13TH STREET
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name	Gerald F. Wennlund
82 Street Address (P.O. Box Number is Not Acceptable)	11254 58th Street North
83	
84 City	Pinellas Park
85 Zip Code	FL 33782

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Gerald F. Wennlund**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRISCH, JACK A. PHD.	
STREET ADDRESS	919 NE 13TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWE, GERALD L.	
STREET ADDRESS	1236 M.L. KING STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEDEKIND, TOM	
STREET ADDRESS	11254 58TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 34666	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Pinellas Park, FL 33782	

4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gerald F. Wennlund	
4.3 STREET ADDRESS	11254 58th Street North	
4.4 CITY-ST-ZIP	Pinellas Park, FL 33782	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald F. Wennlund **1/30/98 (813) 545-6477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035768

CR2E087 (10/97)