2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State **DOCUMENT # N51436** 1. Entity Name 05-17-2001 91359 021 ****61.25 AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC. Principal Place of Business Mailing Address 12360 WILES ROAD 12360 WILES ROAD CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. -Suite,.Apt..#, etc. Applied For City & State 4. FEI Number City & State 65-0370064 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Ad ging its registered office or registered agent, or 8. The above named entity submits this statement for the purpose of ch SIGNATURE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DS WAYNE J. HOUSE Delete TITLE TITLE NAME FINE, JOAN J NAME 4316 ADAMS ST. HOLLYWOOD FL STREET ADDRESS 7897-PALACIO-DEL-MAR-DR-STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ROCA-RATON-EL-33433 JACKIE ROSEN Change CD Delete TITLE NAME 1253 MANOR DRIVE SO. THE NORMAN D NAME STREET ADDRESS STREET ADDRESS 2000-QLADES-RD:-STE-204 WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP BACA BATON EL 33431-8504 VICTORIA MALLOW Change M Addition ☐ Delete TITI F TITLE GREENSPAN, JOSEPH 2586 MAYFAIR LAUE NAME STREET ADDRESS STREET ADDRESS 155 OCEAN BLVD. WESTON FL CITY-ST-ZIP CITY-ST-ZIP **GOLDEN BEACH FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME ROSEN, HARRY M NAME STREET ADDRESS 2500-WESTON-RD, STE 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WESTON FL 33331 ☐ Change Addition ☐ Delete TITLE TITLE NAME BACHER, NANCY W DR NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

2875 N. E. 191ST/. PH #2

AMODIO, MERRYL

6255 N. W. 97TH AVE.

PARKLAND FL 33076

NORTH MIAMI BEACH FL 33180

☐ Delete

☐ Addition

Change



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5/10/01

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Love Boured

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