

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N51436**

1. Entity Name  
**FLORIDA INITIATIVE FOR SUICIDE PREVENTION,  
INC.-FLORIDA DIVISION**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 10 AM 11:20

Principal Place of Business  
601 S.FEDERALHWY  
HOLLYWOOD, FL 33020 US

Mailing Address  
601 S.FEDERALHWY  
HOLLYWOOD, FL 33020 US



84292004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0370064</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HOUSE, WAYNE  
601 S. FEDERAL HWY  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HOUSE, WAYNE J 4316 ADAMS STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROSEN, JACKIE 1253 MANOR DRIVE S WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MALLOW, VICTORIA 2586 MAYFAIR LANE WESTON, FL 33327 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSEN, HARRY M 2500 WESTON RD, STE 220 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARJORIE, FLANZ 555 S.W. 148 AVE. SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, ARLENE J 6051 N. OCEAN DR. #505 HOLLYWOOD, FL 33019

000000154004  
05/04/04-80149-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JACKIE ROSEN*

Date

Daytime Phone #

*4/29/04 954 924-0014*  
*8/29/04*