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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005209

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business
 909 FERN ST.
 WEST PALM BEACH FL 33401

Mailing Address
 909 FERN ST.
 WEST PALM BEACH FL 33401



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/17/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0760220
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONSTANTINO, RENEE P 402 NW 9TH ST DELRAY BEACH FL 33444	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURLEY, WEBSTER	1.2 NAME	Ralph R. Warren
STREET ADDRESS	159 THORNTON DR	1.3 STREET ADDRESS	141 South County Road
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENA R BARASH	2.2 NAME	Noreen Papatheodorou
STREET ADDRESS	2489 W GLADES RD #108	2.3 STREET ADDRESS	1735 Lands End Road
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	Point Manalapan, FL 33462
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VRECHEK, NANCY	3.2 NAME	
STREET ADDRESS	725 NORTH HIGHWAY A1A SUITE E204	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRIAM DAVIS	4.2 NAME	
STREET ADDRESS	2700 PGA BLVD #108	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRAW, STEPHEN	5.2 NAME	Carolyn Susman
STREET ADDRESS	10261 N. 159TH COURT	5.3 STREET ADDRESS	206 Greymon Drive
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	DT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEHRMAN, RUTH	6.2 NAME	Kenneth Meuser
STREET ADDRESS	230 CORNELL DRIVE	6.3 STREET ADDRESS	200 East Broward Boulevard, #2000
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301

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, with all other like empowered.

SIGNATURE:

Nancy Vrechek
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 832-3755

Date

Daytime Phone #

CR2E037 (1/98)