

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005209

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

909 FERN STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

909 FERN STREET  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 59-0760220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIONFRIDDO, PAMELA  
909 FERN STREET  
WEST PALM BEACH, FL 33401 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: DP  
Name: BARTMON, JOY  
Address: 1515 N FEDERAL HWY #300  
City-St-Zip: BOCA RATON, FL 33432

Title: DV  
Name: ANIS, ROBERT  
Address: 2201 45TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DS  
Name: ROSENFELD, DAVID  
Address: 501 SOUTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT  
Name: WASHINGTON, WILLIAM  
Address: 819 SOUTH MANGONIA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: PAMELA GIONFRIDDO

CEO

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date