

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2018
Secretary of State
CC1188576492

Entity Name: CHRISTINA G. SMITH COMMUNITY MENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

Current Mailing Address:

601 SOUTH STATE RD 7
PLANTATION, FL 33317

FEI Number: 30-0130880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, SEAN LESQ.
1880 N. CONGRESS AVENUE
SUITE 205
BOYNTON BEACH, FL 33426 US

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

Officer/Director Detail :

Title D
Name HIGGS, MARK
Address 10829 NW 5TH STREET
City-State-Zip: PLANTATION FL 33324

Title CO-P
Name CORREIA-KENT, JOANNE
Address 6007 NW 65 TERRACE
City-State-Zip: PARKLAND FL 33067

Title CO-P
Name LAVALLE, DONNA L
Address 2819 NE 21ST TERRACE
City-State-Zip: FORT LAUDERDALE FL 33306

Title D
Name METHELIS, ALAN
Address 8813 W. SUNRISE BLVD
City-State-Zip: PLANTATION FL 33322

Title D
Name FONTANA, RAQUEL
Address 1600 SW 131 TERRACE
City-State-Zip: DAVIE FL 33325

Title D
Name HAYDEN MCNAMEE, DEBORAH
Address 700 CAMELLIA COURT
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name ANDREWS, MAURICE
Address 601 SOUTH STATE RD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name FALCONI, MELISSA
Address 2645 EXECUTIVE PARK DRIVE
#513
City-State-Zip: WESTON FL 33331

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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: JOANNE CORREIA-KENT

CO-PRES

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date

