2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2024
Secretary of State
4253118660CC

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

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

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

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

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

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

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

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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-P 03/26/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LOYZELLE, SUE ELLEN D
Address	601 SOUTH STATE RD 7
City-State-Zip:	PLANTATION FL 33317