

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003935

Entity Name: CHRISTINA G. SMITH COMMUNITY MENTAL HEALTH FOUNDATION, INC.**FILED**
Mar 18, 2019
Secretary of State
9050591719CC**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	BENCIVENGA, ASHLEY
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-DIRECTOR****03/18/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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