

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000003935

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

FILED
Oct 01, 2013
Secretary of State
CC1994902518

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.
2385 NW EXECUTIVE CENTER DRIVE
SUITE 223
BOCA RATON, FL 33431 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 15841 PINES BVD, #307
City-State-Zip: PEMBROKE PINES FL 33027

Title D
Name BOWERMAN, TERI
Address 3012 NE 21ST TERRACE
City-State-Zip: FORT LAUDERDALE FL 33306

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

Title CO-P
Name LAVALLE, DONNA L
Address 1781 SW 67TH TERRACE
City-State-Zip: PLANTATION FL 33317

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 FONTANA, RICCI
Address 1600 SW 131 TERRACE
City-State-Zip: DAVIE FL 33325

Title D
Name YARLING, NICOLE
Address 21427 TOWN LAKES DRIVE
#2111
City-State-Zip: BOCA RATON FL 33486

Continues on page 2

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: DONNA LAVALLE

CO-DIRECTOR

10/01/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name ANDREWS, MAURICE
Address 1328 SOUTH 20TH AVENUE
City-State-Zip: HOLLYWOOD FL 33020