

**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