2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2022
Secretary of State
7772364591CC

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Entity Name: CHILDRENS HEALTH AND MENTOR PROGRAM, INC.

Current Principal Place of Business:

6148 FOSTER STREET
JUPITER, FL 33458

Current Mailing Address:

6148 FOSTER STREET
JUPITER, FL 33458 US

FEI Number: 83-3427216

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARPENTER, BRETT
6148 FOSTER STREET
JUPITER, FL 33458 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	CP
Name	CARPENTER, BRETT
Address	6148 FOSTER STREET
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	HOFFMAN, JOHN
Address	4465 SW LONG BAY DR
City-State-Zip:	PALM CITY FL 34990

Title	SECRETARY
Name	LANIER, MATILDE
Address	8300 STEEPLECHASE DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	BROWN, JEAN
Address	416 55TH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

Title	DIRECTOR
Name	CARPENTER, ANGELA
Address	6148 FOSTER STREET
City-State-Zip:	JUPITER FL 33458

Title	REGULATORY DIRECTOR
Name	LANIER, DAVID INMAN
Address	8300 STEEPLECHASE DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	CARPENTER, REESE
Address	6148 FOSTER STREET
City-State-Zip:	JUPITER FL 33458

Title	TREASURER
Name	MAYBEE, JAMES CHRIS
Address	1706 PIERSIDE CIRCLE
City-State-Zip:	WELLINGTON FL 33414

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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: BRETT CARPENTER PRESIDENT 07/15/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SATTLER, JEFFREY
Address	10208 ALLAMANDA BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	FUNDRAISING CHAIRMAN
Name	EDMONDSON, LEE
Address	401 4TH LANE
City-State-Zip:	PALM BEACH GARDENS FL 33418