

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000000886

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

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

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****07/22/2023**

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