

**2020 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: No****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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

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

Title S  
Name LOPATOSKY, KAREN  
Address 12287 HILLMAN DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

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

Title T  
Name COLLINS, CHRIS  
Address 4437 LINDEN AVENUE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name ULERY, BEVERLY  
Address 5622 KIOWA CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

*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****CP****03/20/2020**

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Electronic Signature of Signing Officer/Director Detail

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Date