

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51436

Entity Name: FLORIDA INITIATIVE FOR SUICIDE PREVENTION, INC.**Current Principal Place of Business:**13798 NW 4TH STREET
SUITE 309
SUNRISE, FL 33325**Current Mailing Address:**13798 NW 4TH STREET
SUITE 309
SUNRISE, FL 33325 US**FEI Number:** 65-0370064**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROSEN, HARRY M. ESQ.
13798 NW 4TH ST
SUITE 309
SUNRISE, FL 33325 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:** HARRY M. ROSEN

04/11/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name ROSEN, JACKIE H.
Address 13798 NW 4TH ST
309
City-State-Zip: SUNRISE FL 33325

Title VP
Name STEINMAN, JOSEPH
Address 879 SAVANNAH FALLS DRIVE
City-State-Zip: WESTON FL 33327

Title DIR.
Name SCHOPP, DUBBIE
Address 167 DOCKSIDE CIRCLE
City-State-Zip: WESTON FL 33327

Title DIRECTOR
Name STERN, JOSH
Address 12031 NW 20TH COURT
City-State-Zip: PLANTATION FL 33314

Title DIRECTOR
Name SIMUNEK, LINDA ESQ.
Address 3501 DAVIE ROAD
BLDG 9 ROOM 200
City-State-Zip: DAVIE FL 33314

Title PRES
Name ROSEN, HARRY M. ESQ.
Address 2843 EXECUTIVE PARK DRIVE
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name DAVID , SCHOPP
Address 167 DOCKSIDE CIRCLE
City-State-Zip: WESTON FL 33327

Title MRS.
Name MCDONNALL, JOSETTE
Address 7518 SW 26TH CT UNIT 62
City-State-Zip: DAVIE FL 33314

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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: JACKIE ROSEN

EXEC. DIR./CEO

04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MEJIA, CARLOS
Address 1525 NW 3ED ST
SUITE 9
City-State-Zip: DEERFIELD BEACH FL 33442

Title TRES.
Name JUAN VALDIVIESO
Address 3060 S.W. 192 AVE.
City-State-Zip: MIRAMAR FL 33029

Title DIRECTOR
Name HOWARD FORMAN
Address 8201 STERLING RD
APT. #305
City-State-Zip: DAVIE FL 33328

Title DIRECTOR
Name LOIS WEXLER
Address 510 TOURCHWOOD AVE.
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name RONALD ROSEN
Address 1930 HARRISON ST
City-State-Zip: HOLLYWOOD FL 33020