

2020 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, JACQUELINE H
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:** JACQUELINE H. ROSEN

01/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name ROSEN, HARRY M. ESQ.
Address 1801 W OAK KNOLL CIR.
City-State-Zip: DAVIE FL 33324

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

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

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

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

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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: JACQUELINE H. ROSEN

CEO

01/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FREEDMAN, DAVID
Address 5818 SW 117TH AVE.
City-State-Zip: COOPER CITY FL 33330

Title DIRECTOR
Name PLANTZ, JOSH
Address 7031 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33024

Title DIRECTOR
Name BACKMAN, ARLENE
Address 6051 N OCEAN DRIVE
APT. # 505
City-State-Zip: HOLLYWOOD. FL 33019

Title DIRECTOR
Name LOVELL-MARTIN, NIGEL
Address 7873 S. SILVERADO CIR.
City-State-Zip: DAVIE FL 33024

Title DIRECTOR
Name GOOD, PATRICIA
Address 600 SE THIRD AVE
City-State-Zip: FT. LAUDERDALE FL 33301