

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N93000005209

Entity Name: MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY,
INC.

Current Principal Place of Business:

909 FERN STREET
WEST PALM BEACH, FL 33401

Current Mailing Address:

909 FERN STREET
WEST PALM BEACH, FL 33401

FEI Number: 59-0760220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIONFRIDDO, PAMELA
909 FERN STREET
WEST PALM BEACH, FL 33401 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 DV
Name MARTIN, PENNY
Address 1375 GATEWAY BLVD.
City-State-Zip: BOYNTON BEACH FL 33426

Title CEO
Name GIONFRIDDO, PAMELA
Address 909 FERN ST
City-State-Zip: WEST PALM BEACH FL 33401

Title DT
Name FOGEL, NEIL
Address 4810 EXETER ESTATE LANE
City-State-Zip: WELLINGTON FL 33449

Title TREASURER
Name MAHLE, THOMAS
Address 909 FERN ST
City-State-Zip: WEST PALM BEACH FL 33401

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: PAMELA GIONFRIDDO

**CHIEF EXECUTIVE
OFFICER**

07/28/2015

Electronic Signature of Signing Officer/Director Detail

Date