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:	
MCAUSLAND, ANDREW R 909 FERN STREET WEST PALM BEACH, FL 33401 US	
MCAUSLAND, ANDREW R 909 FERN STREET	

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# N9300005209

Entity Name: MENTAL HEALTH AMERICA OF THE PALM BEACHES, INC.

Current Principal Place of Business:

909 FERN STREET WEST PALM BEACH, FL 33401

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

Officer/Director Detail ·

Officer/Director Detail :					
Title	CHAIRMAN	Title	VC		
Name	COMER, KIMBERLY	Name	HARRIS, JANE DR.		
Address	909 FERN STREET	Address	909 FERN STREET		
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401		
Title	SECRETARY	Title	TREASURER		
Name	FREEMAN, HARRIET ESQ.	Name	KIMBALL, DAVID		
Address	909 FERN STREET	Address	909 FERN STREET		
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401		
Title	DIRECTOR	Title	DIRECTOR		
Title Name	DIRECTOR OJURONGBE, SANDRA DR.	Title Name	DIRECTOR WARREN, BENJAMIN		
Name	OJURONGBE, SANDRA DR.	Name	WARREN, BENJAMIN 909 FERN STREET		
Name Address	OJURONGBE, SANDRA DR. 909 FERN STREET	Name Address	WARREN, BENJAMIN 909 FERN STREET		
Name Address City-State-Zip:	OJURONGBE, SANDRA DR. 909 FERN STREET WEST PALM BEACH FL 33401	Name Address City-State-Zip:	WARREN, BENJAMIN 909 FERN STREET WEST PALM BEACH FL 33401		
Name Address City-State-Zip: Title	OJURONGBE, SANDRA DR. 909 FERN STREET WEST PALM BEACH FL 33401 DIRECTOR	Name Address City-State-Zip: Title	WARREN, BENJAMIN 909 FERN STREET WEST PALM BEACH FL 33401 DIRECTOR		
Name Address City-State-Zip: Title Name	OJURONGBE, SANDRA DR. 909 FERN STREET WEST PALM BEACH FL 33401 DIRECTOR GORDON, JEANETTE 909 FERN STREET	Name Address City-State-Zip: Title Name	WARREN, BENJAMIN 909 FERN STREET WEST PALM BEACH FL 33401 DIRECTOR OTERO, MELANIE		

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: KIMBERLY COMER

BOARD CHAIR

03/06/2024 Date

Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 06, 2024 Secretary of State 9784888016CC