

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760262

FILED
Jan 04, 2005
Secretary of State

Entity Name: PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.

Current Principal Place of Business:

11254 58 ST.NO.
PINELLAS PARK, FL 337822213 US

New Principal Place of Business:

Current Mailing Address:

11254 58 ST.NO.
PINELLAS PARK, FL 337822213 US

New Mailing Address:

FEI Number: 59-3153549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEDEKIND, THOMAS
11254 58 ST.NO.
PINELLAS PARK, FL 337822213 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REMMING, KEN L.
Address: 11254 58TH ST. NO.
City-St-Zip: PINELLAS PARK, FL 337852221 US

Title: VPD () Delete
Name: GUETZLOE, ELEANOR
Address: 11254 58TH ST. NO.
City-St-Zip: PINELLAS PARK, LF 337822213 US

Title: SD () Delete
Name: MAXWELL, EDWINA
Address: 1300 FIRST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33705 US

Title: TD () Delete
Name: BELL, DICK
Address: 11254 578TH ST. NO.
City-St-Zip: PINELLAS PARK, FL 337822213 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WEDEKIND, THOMAS

EXD

01/04/2005

Electronic Signature of Signing Officer or Director

Date