

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90072 031 ****61.25

DOCUMENT # F04000003049

1. Entity Name

SELECTIVE MUTISM FOUNDATION, INC.



Principal Place of Business

564 SW INDIAN KEY DR
PORT ST LUCIE FL 34986

Mailing Address

564 SW INDIAN KEY DR
PORT ST LUCIE FL 34986

50018120

2. Principal Place of Business

4832 NW 22nd street
Suite, Apt. #, etc.

3. Mailing Address

4832 NW 22nd street
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Coconut Creek, FL
Zip 33063 Country USA

City & State

Coconut Creek, FL
Zip 33063 Country USA

4. FEI Number

55-0711460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NEWMAN-MERCADO, SUE
564 SW INDIAN KEY DR
PORT ST LUCIE FL 34986

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable)
4832 NW 22nd street

City Coconut Creek

FL

Zip Code 33063

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE COD
NAME NEWMAN-MERCADO, SUE ☐ Delete
STREET ADDRESS 564 SW INDIAN KEY DR
CITY-ST-ZIP PORT ST LUCIE FL 34986

TITLE COD
NAME MILLER, CAROLYN ☐ Delete
STREET ADDRESS 221 RIVER BEND RD
CITY-ST-ZIP Sissonville WV 25320

TITLE T
NAME POMBIER, KATHLEEN D ☐ Delete
STREET ADDRESS 7461 NW 10TH CT
CITY-ST-ZIP PLANTATION FL 33313

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sue Newman-Mercado 2/17/05 954-979-6055