

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001643

1. Entity Name

FRIENDS OF MENTAL HEALTH, INC.

Principal Place of Business

7145 WEST OAKLAND PARK BOULEVARD
LAUDERHILL FL 33313

Mailing Address

7145 WEST OAKLAND PARK BOULEVARD
LAUDERHILL FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWIND, GEORGE
500 AUSTRALIAN AVENUE SOUTH
SUITE 600
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D-CH ☐ Delete
NAME FRENCH, ANNE
STREET ADDRESS 7145 WEST OAKLAND PARK BOULEVARD
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE VC-D ☐ Delete
NAME BILES, CRAIG
STREET ADDRESS 7145 WEST OAKLAND PARK BOULEVARD
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE TD ☒ Delete
NAME NEWBURGE, IDELLE
STREET ADDRESS 7145 WEST OAKLAND PARK BOULEVARD
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE SD ☒ Delete
NAME DEGINA, KRISTEN
STREET ADDRESS 7145 WEST OAKLAND PARK BOULEVARD
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE STD ☐ Delete
NAME GODFREY, ANITA (ASST)
STREET ADDRESS 7145 WEST OAKLAND PARK BOULEVARD
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D-VC ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D-C ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 of Registered Agent

8-10-01 954/746-2055

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90097 001 *****8.75

08-20-2001 90097 002 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)