FILED
May 01, 2003 8:00 am
Secretary of State
03-12-2003 90098 037 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000004033

1. Entity Name
FRIENDS OF MENTAL HEALTH OF ST. JOHNS COUNTY FLORIDA, INC.

J30J4UU4

Principal Place of Business	Mailing Address
1955 S US 1 STE C-2 ST AUGUSTINE FL 32086	1955 S US 1 STE C-2 ST AUGUSTINE FL 32086

☒ CHECK HERE IF MAKING CHANGES

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 03-0444454 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, NANCY
1955 S US 1 STE C-2
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name Robin Jacob
Street Address (P.O. Box Number is Not Acceptable) 1955 US 1 South, Ste C-2
City St. Augustine FL Zip Code 32086

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 Robin Jacob 2/18/03
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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOYINGS, BETTY 1955 S US 1 STE C-2 ST AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUNGEON, DEBORAH 1955 S US 1 STE C-2 ST AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dungan, DEborah	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLLY, LYDIA 1955 S US 1 STE C-2 ST AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lynn Woodard c/o Friends of Mental Health, Inc. 1955 US1 South Ste C-2 St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, NANCY 1955 S US 1 STE C-2 ST AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Robin Jacob 1955 US1 South, Ste. C-2 St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Robin Jacob VICE PRESIDENT 2/18/03 904-825-5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #