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

. Entity Name
FRIENDS OF MENTAL HEALTH OF ST. JOHNS COUNTY FLO RIDA, INC.

J30034003

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

Mailing Address
1955 S US 1 STE C-2
ST AUGUSTINE FL 32086

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☒ CHECK HERE IF MAKING CHANGES

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

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: [illegible] 2/18/03 904-825-5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #