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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:32

DOCUMENT # N06276 (2)

1. Corporation Name
SOUTH FLORIDA MENTAL HEALTH RESOURCES FOUNDATION , INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD 919 NORTH MIAMI FL 33181 US	12550 BISCAYNE BLVD 919 NORTH MIAMI FL 33181 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1984
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2499265 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

WARD, ROBERT S.
12550 BISCAYNE BLVD
SUITE 919
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GORDON, MITCHELL R	1.2 NAME	FERNANDEZ, RICHARD M., ESQ	
STREET ADDRESS	2130 NE 207TH STREET	1.3 STREET ADDRESS	11077 BISCAYNE BOULEVARD	
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI FL 33161	
TITLE	TD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FARRINGTON, JAMES JR	2.2 NAME	TAYLOR, LAVERNE	
STREET ADDRESS	1301 NW 98TH TERRACE	2.3 STREET ADDRESS	411 NE 108TH STREET	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VP	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	MAGER, JUDITH	3.2 NAME	THOMPSON, CHRISTINE	
STREET ADDRESS	11505 NE 22ND DR	3.3 STREET ADDRESS	652 NW 47TH TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	MIAMI FL 33127	
TITLE	SD	4.1 TITLE		☒ Change ☐ Addition
NAME	COLANGELO, RICHARD A.	4.2 NAME	DELETE	
STREET ADDRESS	13313 W DIXIE HWY	4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	LOWE, EILEEN	5.2 NAME	DELETE	
STREET ADDRESS	1020 NE 120 ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	BISCAYNE PARK FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christine L. Thompson CHRISTINE THOMPSON 1/23/95 (305) 892-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044088