

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90001 007 ****70.00

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # N06276 1. Entity Name BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC. | | | | | |
| Principal Place of Business 12550 BISCAYNE BLVD 919 NORTH MIAMI, FL 33181 US | | | Mailing Address 12550 BISCAYNE BLVD 919 NORTH MIAMI, FL 33181 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 59-2499265 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent WARD, ROBERT S. 12550 BISCAYNE BLVD SUITE 919 NORTH MIAMI, FL 33181 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D FARRINGTON, JAMES 12550 BISCAYNE BLVD 919 MIAMI, FL 33181 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | D GUILLARD, RUDEAN 12550 BISCAYNE BLVD, 919 N. MIAMI, FL 33181 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P HENDERSON, OWEN D III 12550 BISCAYNE BLVD 919 N MIAMI, FL 33181 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ST HERRERA, PROSRERO II 1050 NE 93 STREET MIAMI SHORES, FL 33138 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP FERNANDEZ, RICHARD M 12550 BISCAYNE BLVD. 919 MIAMI, FL 33181 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | P FERNANDEZ, RICHARD M 12550 BISCAYNE BLVD, 919 NORTH MIAMI, FL 33181 |
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| 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: <i>Rhthward</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> 6/30/04 (35) 892-4600 </div> <small>Date Daytime Phone #</small> | | |

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

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| City & State | | City & State | |
| Zip | Country | Zip | Country |
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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
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| SIGNATURE: | | Date 4/9/04 305-882-8600 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

PAID

APR 09 2004

CHECK # 17096

54059585



04092004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2499265 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Attachment

54059585-
N06276

Bayview Foundation for Mental Health, Inc.

12550 Biscayne Boulevard • Suite 919 • North Miami, Florida 33181 • (305) 892-4600

June 21, 2004

Ms. Eula Peterson
Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Document #N06276, FEI Number 59-2499265
Bayview Foundation for Mental Health, Inc.

Dear Ms. Peterson:

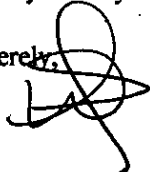
We last week discovered that we have not yet received the Certificate of Status requested on our 2004 Not-For-Profit Corporation Annual Report, submitted to you in April 2004.

After speaking with your office, we have learned that you have no record of receipt of the report. Upon checking with our bank, we have also learned that our Check #17096 dated April 9, 2004, in the amount of \$70.00 (Filing Fee \$61.25, plus Certification of Status Fee \$8.75) has not cleared our account and is shown as outstanding in our records.

Although you did not think it necessary, as we are not-for-profit, we are enclosing copies of the original report and the check that was sent at that time. We are again submitting the report and a check in the amount of \$70.00 for the filing and certificate.

Thank you for your assistance in this matter.

Sincerely,



Orlando Colmenares for
Bayview Foundation for Mental Health, Inc.

OC:pah

Attachment

54059585-



Bayview Center
For Mental Health, Inc.
12550 BISCAYNE BLVD. SUITE 919
NORTH MIAMI, FLORIDA 33181

FIRST UNION NATIONAL BANK OF FLORIDA
MIAMI FLORIDA
63-643/670

17096

N06276
DATE 04/09/2004

PAY **SEVENTY AND 00 CENTS******* DOLLARS \$ *****70.00*****
TO THE ORDER OF

DEPARTMENT OF STATE
PO BOX 1500
TALLAHASSEE, FL 32302-1500

BAYVIEW CENTER FOR MENTAL HEALTH, INC.

NOT - NEGOTIABLE

AUTHORIZED SIGNATURE

⑆017096⑆ ⑆067006432⑆ 2166503163030⑆

| DATE | DESCRIPTION | AMOUNT | DEDUCTIONS | NET AMOUNT |
|------------|--|---------|------------|------------|
| 04/09/2004 | 2004 UNIFORM BUSINESS REPORT FOR THE FOUNDATION DOCUMENT# N06276 | \$70.00 | | |