

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06276

FILED
Feb 01, 2006
Secretary of State

Entity Name: BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.

Current Principal Place of Business:

12550 BISCAYNE BLVD
919
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

12550 BISCAYNE BLVD
919
NORTH MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 59-2499265 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARRINGTON, JAMES
Address: 12550 BISCAYNE BLVD 919
City-St-Zip: MIAMI, FL 33181

Title: VP () Delete
Name: GORDON, SHELLEY
Address: 12550 BISCAYNE BLVD 919
City-St-Zip: N MIAMI, FL 33181

Title: D () Delete
Name: WARD, ROBERT S
Address: 12550 BISCAYNE BLVD 919
City-St-Zip: N MIAMI, FL 33181

Title: ST () Delete
Name: HERRERA, PROSRERO II
Address: 1050 NE 93 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: OSSIP, BOBBI
Address: 12550 BISCAYNE BLVD. 919
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: GUILLARD, RUDEAN
Address: 12550 BISCAYNE BLVD. 919
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. WARD

D

02/01/2006

Electronic Signature of Signing Officer or Director

Date