

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90143 001 ***140.00

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**

DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2499265

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$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**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FARRINGTON, JAMES**
STREET ADDRESS **12550 BISCAYNE BLVD 919**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **VP**
NAME **GORDON, SHELLEY**
STREET ADDRESS **12550 BISCAYNE BLVD 919**
CITY-ST-ZIP **N MIAMI, FL 33181**

TITLE **D**
NAME **WARD, ROBERT S**
STREET ADDRESS **12550 BISCAYNE BLVD 919**
CITY-ST-ZIP **N MIAMI, FL 33181**

TITLE **ST**
NAME **HERRERA, PROSRERO II**
STREET ADDRESS **1050 NE 93 STREET**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D**
NAME **OSSIP, BOBBI**
STREET ADDRESS **12550 BISCAYNE BLVD. 919**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **D**
NAME **GUILLARD, RUDEAN**
STREET ADDRESS **12550 BISCAYNE BLVD. 919**
CITY-ST-ZIP **MIAMI, FL 33181**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: