2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2011
Secretary of State

DOCUMENT# N06276

Entity Name: BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.

Current Principal Place of Business:

700 SE THIRD AVE.
SUITE 100
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

700 SE THIRD AVE.
SUITE 100
FT. LAUDERDALE, FL 33316 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:

SLEEPER, JAMES R., MA, CAP
700 SE THIRD AVE.
SUITE 100
FT. LAUDERDALE, FL 33316 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
Name: REMON, JESUS
Address: 2785 CYPRUS ROAD
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP
Name: GORDON, SHELLEY
Address: 631 CYPRESS LAKE BLVD, UNIT O
City-St-Zip: POMPANO BEACH, FL 33064

Title: CEO
Name: SLEEPER, JAMES R
Address: 700 SE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S/T
Name: POWELL, NORMAN
Address: 17100 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33167

Title: .
Name: ., .
Address: .
City-St-Zip: ., . .

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. SLEEPER CEO 02/07/2011

Electronic Signature of Signing Officer or Director Date