2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N07000006841

Entity Name: MENTAL HEALTH GLOBAL SERVICE FOUNDATION INC

Current Principal Place of Business:

1535 COVE LAKE RD
NORTH LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

1535 COVE LAKE RD
NORTH LAUDERDALE, FL 33068 US

New Mailing Address:

FEI Number: 37-1546599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBATEAU, DIANE L
1535 COVE LAKE RD
NORTH LAUDERDALE, FL 33068 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:	DIR	( ) Delete
Name:	ROBATEAU, DIANE L	
Address:	1535 COVE LAKE RD	
City-St-Zip:	NORTH LAUDERDALE, FL 33068 US	
Title:	DIR	( ) Delete
Name:	MENA, FELICITAS M MD	
Address:	1414 FERNDALE	
City-St-Zip:	AUBURN,, AL 36832 US	
Title:	DIR	( ) Delete
Name:	HAYGOOD, WILLIE	
Address:	2668 HERITAGE RD	
City-St-Zip:	TUSKEGEE, AL 36068 US	
Title:	DIR	( ) Delete
Name:	WALLACE, ENID	
Address:	4235 6TH AVE	
City-St-Zip:	LOS ANGELES, CA 90008 US	
Title:	DIR	( ) Delete
Name:	MCCOY, CARL III L ESQ	
Address:	853 LORRAINE BLVD APT #1	
City-St-Zip:	LOS ANGELES, CA 90005 US	
Title:	SEC	( ) Delete
Name:	ROBATEAU, SHAKIRA L	
Address:	1535 COVE LAKE RD	
City-St-Zip:	N. LAUDERDALE, FL 33068 US	

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 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: DIANE ROBATEAU DIR 04/16/2009

Electronic Signature of Signing Officer or Director — Date