

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011680

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE FOUNDATION FOR INFANT MENTAL HEALTH SOLUTIONS IN CHILD WELFARE, INC.

Current Principal Place of Business:

1708 N 14TH AVENUE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

1708 N 14TH AVENUE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 26-1538842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARNHAM, JOHN T
1708 N 14TH AVENUE
PENSACOLA, FL 32503 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: PD () Delete
Name: PARNHAM, JOHN T
Address: 1708 N 14TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: COOPER, CAROLINE S
Address: 4400 MASS. AVENUE, NW, BRANDYWINE, STE 100
City-St-Zip: WASHINGTON, DC 200168159

Title: D () Delete
Name: TROTTER, JOSEPH
Address: 4400 MASS. AVENUE, NW, BRANDYWINE, STE 100
City-St-Zip: WASHINGTON, DC 200168159

Title: D (X) Delete
Name: BLECKMAN, WILL M.D.
Address: 5250 SW 84 ST
City-St-Zip: MIAMI, FL 33143

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:

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: JOHN T. PARNHAM

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date