

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2011  
Secretary of State**

DOCUMENT# N09000000609

**Entity Name:** R.A.C.E. HELPS IN MENTAL HEALTH, INC.

**Current Principal Place of Business:**

3074 BENT BOW LANE  
MIDDELBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

3074 BENT BOW LANE  
MIDDELBURG, FL 32068

**New Mailing Address:**

PO BOX 66086  
ORANGE PARK, FL 32065

FEI Number: 26-4116630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WATTS, GRAHAM F SR.  
3074 BENT BOW LANE  
MIDDELBURG, FL 32068 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: PTD  
Name: WATTS, GRAHAM F SR.  
Address: 3074 BENT BOW LANE  
City-St-Zip: MIDDELBURG, FL 32068

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: GRAHAM F. WATTS, SR.

PTD

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date