

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001763

FILED
Apr 21, 2012
Secretary of State

Entity Name: SOUTH SHORE COALITION FOR MENTAL HEALTH & AGING, INC.

Current Principal Place of Business:

SUN TOWERS, 101 TRINITY LAKES DRIVE
ROOM NO. 254
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

SUN TOWERS, 101 TRINITY LAKES DRIVE
ROOM NO. 254
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 27-5125682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRINGER, KENNETH D PH.D
SUN TOWERS, 101 TRINITY LAKES DRIVE
ROOM NO. 254
SUN CITY CENTER, FL 33573 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: D
Name: BARRINGER, KENNETH D PH. D
Address: 2325 PLATINUM DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S
Name: COUNCIL, SANDY
Address: 1603 SUN CITY CENTER PLAZA
City-St-Zip: SUN CITY CENTER, FL 33573

Title: P
Name: DUBREUVIL, EDMOND
Address: 5839 SUNSET FALLS DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: VPO
Name: ROUSH, SHARON
Address: 4016 SUN CITY CENTER BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: CO
Name: DYE, DAMON
Address: 10037 WATERS WORKS LANE
City-St-Zip: RIVERVIEW, FL 33575

Title: T
Name: PULKOWSKI, JAMES J CPA
Address: 150 E. BLOOMINGDALE AVE, STE 176
City-St-Zip: BRANDON, FL 33511

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 J PULKOWSKI, CPA

T

04/21/2012

Electronic Signature of Signing Officer or Director

Date