

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12657

FILED  
Apr 01, 2007  
Secretary of State

**Entity Name:** FLORIDA CHAPTER, PSYCHIATRIC REHABILITATION ASSOCIATION, INC

**Current Principal Place of Business:**

1736 OAKHURST AVE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1736 OAKHURST AVE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 31-1630014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WISS JACOB, SHARON  
1736 OAKHURST AVE  
WINTER PARK, FL 32789 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: TD ( ) Delete  
Name: WISS-JACOB, SHARON  
Address: 1736 OAKHURST AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: SD ( ) Delete  
Name: FRIEDMAN, ABBEY  
Address: 188 TIMBERWALK TRAIL  
City-St-Zip: JUPITER, FL 33458

Title: PD ( ) Delete  
Name: DISEN, BEV  
Address: 11529 NE 2ND CT  
City-St-Zip: BRANFORD, FL 32008

Title: VD ( ) Delete  
Name: GIACOMI, LINDA  
Address: 425 OHIO BLVD  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: FRIEDMAN, ABBEY  
Address: 658 INDIANTOWN ROAD  
City-St-Zip: JUPITER, FL 33458

Title: SD (X) Change ( ) Addition  
Name: MACMATH, MARCY  
Address: 445 31ST ST NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VD (X) Change ( ) Addition  
Name: GREENSPAN, MARLENE  
Address: 526 SW COPPERHEAD LANE  
City-St-Zip: FT. WHITE, FL 32038

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON WISS-JACOB

TD

04/01/2007

Electronic Signature of Signing Officer or Director

Date