

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12657

FILED
Mar 20, 2009
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: PD () Delete
Name: FRIEDMAN, ABBEY
Address: 658 INDIANTOWN ROAD
City-St-Zip: JUPITER, FL 33458

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

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

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: SHARON WISS-JACOB

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date