2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# N12657

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

Title: PD
Name: SHEA, MARY BETH
Address: 5201 RAYMOND ST.
City-St-Zip: ORLANDO, FL 32803

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

Title: VD
Name: GIACOMI, LINDA
Address: 1931 APPALACHEE CIRCLE
City-St-Zip: TAVARE, FL 32778

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: SHARON WISS-JACOB TD 04/16/2012

Electronic Signature of Signing Officer or Director Date