

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 01, 2009**  
**Secretary of State**

DOCUMENT# N14936

**Entity Name:** MENTAL HEALTH ASSOCIATION OF BROWARD COUNTY, INC.**Current Principal Place of Business:**7145 W OAKLAND PK BLVD  
LAUDERHILL, FL 33313**New Principal Place of Business:****Current Mailing Address:**7145 W OAKLAND PK BLVD  
LAUDERHILL, FL 33313**New Mailing Address:****FEI Number:** 59-0816448**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SCHWIND, GEORGE  
1700 S SURF RD  
HOLLYWOOD, FL 33019 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: M ( ) Delete  
Name: GODFREY, ANITA  
Address: 808 NW 30 CT  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: TD ( ) Delete  
Name: BUTLER, BRUCE  
Address: 2754 W. ATLANTIC AVE  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: DC ( ) Delete  
Name: BRITT, LYNN  
Address: 5950 W OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33313 US

Title: SD ( ) Delete  
Name: GERNER, JAN  
Address: 1729 SE 11 ST  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: DV ( ) Delete  
Name: STRUTT, LINDA  
Address: 4123 NW 22 ST  
City-St-Zip: COCONUT CREEK, FL 33026 US

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

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

Title: TD (X) Change ( ) Addition  
Name: NEWBURGE, IDELLE  
Address: 8030 PETERS ROAD, D106  
City-St-Zip: PLANTATION, FL 33317 US

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

Title: SD (X) Change ( ) Addition  
Name: GRAD, SHARON  
Address: 7460 NW 18 ST, #202  
City-St-Zip: MARGATE, FL 33062 US

Title: DV (X) Change ( ) Addition  
Name: ROSENBERG, ADAM  
Address: 1012 SW 49 AVENUE  
City-St-Zip: MARGATE, FL 33068 US

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: ANITA GODFREY

M

09/01/2009

Electronic Signature of Signing Officer or Director

Date