

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14936

FILED
May 01, 2010
Secretary of State

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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHWIND, GEORGE
1700 S SURF RD
HOLLYWOOD, FL 33019 US

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
Name: GODFREY, ANITA
Address: 808 NW 30 CT
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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

Title: DV
Name: JAQUITH, PAUL
Address: 2124 NW 159 AVE
City-St-Zip: PEMBROKE PINES, FL 33328 US

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

Title: DC
Name: ROSENBERG, ADAM
Address: 1012 SW 49 AVENUE
City-St-Zip: MARGATE, FL 33068 US

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: ANITA GODFREY

M

05/01/2010

Electronic Signature of Signing Officer or Director

Date