2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N19024

Entity Name: UNITED FOR MENTALLY ILL, INC.

Current Principal Place of Business:

C/O MR. FRANK KOGUT
5154 OAK HILL LN., #1011
DELRAY BCH., FL 33484 US

New Principal Place of Business:

Current Mailing Address:

C/O MR. FRANK KOGUT
5154 OAK HILL LN., #1011
DELRAY BCH., FL 33484 US

New Mailing Address:

FEI Number: 65-0049360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOGUT, FRANK
5154 OAK HILL LN. APT. 1011
DELRAY BEACH, FL 33484 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:	P	( ) Delete
Name:	KOGUT, FRANK	
Address:	5154 OAK HILL LN. LN. APT 1011	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	SD	( ) Delete
Name:	GALDERISI, GLORIA	
Address:	819 APPLEBY ST.	
City-St-Zip:	BOCA RATON, FL	
Title:	D	( ) Delete
Name:	COOPER, MOLLY	
Address:	20100 BOCA WEST DR	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	T	( ) Delete
Name:	KOGUT, FRANK,	
Address:	5154 OAKHILL LN.	
City-St-Zip:	DELRAY BEACH, FL	

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: FRANK KOGUT TREA 03/21/2009

Electronic Signature of Signing Officer or Director — Date