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Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24728 (0)

1. Corporation Name
EPISCOPAL MENTAL HEALTH MINISTRIES, INC.



Principal Place of Business 101 NE FIRST ST POMPANO BEACH FL 33060 US	Mailing Address 101 NE FIRST ST POMPANO BEACH FL 33060-6603 US
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3. Date Incorporated or Qualified 02/08/1988	3a. Date of Last Report 10/31/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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4. FEI Number 65-0133444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VAUGHN, ROBERT J JR
101 N.E. 1ST STREET
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name REV. SYLVANUS H.A. REGISFORD
82 Street Address (P.O. Box Number is Not Acceptable) 101 N.E. 1ST STREET
83 P
84 City POMPANO BEACH FL
85 Zip Code 33060

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **8.4.97**

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	REGIS, SYLVANUS
STREET ADDRESS	2760 NW 47 TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	CARLS, ERNEST
STREET ADDRESS	671 SW 6TH STREET
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MAULTSBY, JAMES
STREET ADDRESS	2324 NW 15 STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	SD <input type="checkbox"/> DELETE
NAME	CASSELBERRY, ELAINE
STREET ADDRESS	1316 SE 2 TERR.
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	EX <input checked="" type="checkbox"/> DELETE
NAME	VAUGHN, ROBERT J EX-DIR.
STREET ADDRESS	13220 SW 98 PLACE
CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD Siren, Anne
2.3 STREET ADDRESS	2415 NE 25 Street
2.4 CITY-ST-ZIP	Lighthouse Point, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Taylor, Chester P.
3.3 STREET ADDRESS	135 SW 84 Way
3.4 CITY-ST-ZIP	Coral Springs, FL 33071
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MD Allee, Roger
5.3 STREET ADDRESS	1898 SW 135 Avenue
5.4 CITY-ST-ZIP	Davie, FL 33324
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

[Handwritten signatures and dates]