Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/88: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # NOA709

101

1. Corporation Name												
EPISCOPAL MENTAL HEALTH MINISTRIES, INC.												
FUDOOLY WELLIUS LISTELL MILLIO HINGS 1140								1 1 <b>84</b> (A <b>18</b> 218 )	HAN BIAN HADIR IN	OL IZII AIAN OM	HU BUBUK BEBER	21011 61011 1001
												<u> </u>
Principal Place of Business Mailing Address												BESTE DERIC 1801
101 NE FIRST ST 101 NE FIRST ST							Date Incorporated or Qualified					
POMPANO BEACH FL 33060				POMPANO BEACH FL 33060			"	02/08/1988				
US			US	US			4	4. FEI Number Applied For				
								65-013344	14			lot Applicable
2. Principal F	Place of Busi	ness	2a. Ma	2a. Malling Address								Additional
21			26	26				5. Certificate of St	tatus Desired			Required
Suite, Apt.	. #, etc.		Su	Suite, Apt. #, etc.			6	6. Election Campa	aign Financing			May Be
22			27					Trust Fund Contribution Added to Fees				
City & Sta	te		<b>├</b>	City & State			7	7. Is this nonprofit corporation a homeowners association?				
Zip	Zip Country			Zip Coun				8. This corporation owes or has paid the current year Intengible				
24	25		29	├─ <b>┐</b> ' ├─┐		}		Personal Property Tax due June 30. Yes No				
	9. Name	and Address o	f Current Registere				10. Name and Address of New Registered Agent					
								۸				
H.A. REGISFORD, SYLVANUS REV						Street A	Name Sired: Aug 6 Street Address (P.O. Box Number is Not Acceptable) 24:5 No 25 5 7.					
	101 N.E. 1ST STREET						5 N	6 25 WS	T			
POMPANO BÉACH FL 33060												
	-				84	City					85 Zip	Code
							AT HOL			FL	_  <i>[3</i> ;	3064
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											gistered gistered	
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		or printed name of no	JULIU	icable (NC	ent signature	e required wit	han reinstating)	_ <del></del>	DATE		<del></del>	
Agricultura, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 13.								ADDITIONS/CHA	ANGES TO OF		D DIRECT	ORS IN 12
TITLE	PD			DELETE	1.1 TITLE		,				Change	Addition
NAME	REGIS, SY	(LUANUS		1.2 NA								
STREET ADDRESS	2760 NW	47 TERRACE			1.3 STREET A							Ì
CITY-ST-ZIP	LAUDERD	<u>ale lakes fl</u>	33313	1.4 CH								
TITLE	VP0	_		DELETE	2.1 TITLE		PD			į	Change	Addition
NAME	SIREN, AN			2.2 NA				N, ANNE	_			ļ
STREET ADDRESS				2.3 ST			2415 NE 25 Street LIGHTHOUSE POINT, FL					
CITY-ST-ZIP		<u>ise point fl</u>			2.4 CITY-ST			THOUSE 1	OINT,	<u>FL</u>	<del>-</del> :	
TITLE	TD			L_ DELETE	3.1 TITLE		YPD	<b>ΛΒ #</b> ₩∇0	מ מקשי		Change	Addition
NAME		CHESTER P			3.2 NAME			OR, CHES				j
STREET ADDRESS	1144 144. 4		9074		3.3 STREET					T 1	22221	1
CITY-ST-ZIP TITLE	SD	SPRINGS FL 3	307 1	DELETE	3.4 CITY-S' 4.1 TITLE		SP	RALO SPE	TIMES.	LT.	33071	
NAME		ERRY, ELAINE		DELETE	_			tion Ma	10V 101	ا و	Change	Addition
STREET ADDRESS	2				4.3 STREET	ADDRESS	W231	KER, MA N.E. 27	AUENU	ie.		
CITY-ST-ZIP		D BEACH FL			4.4 C/TY-S			THOUSE			3164	<i>(</i>
TITLE	MD			DELETE	5.1 TITLE		TO TO	11.0436	· VINI + I	<u></u>	Change	Addition
NAME	ALLEE, RO	OGER		TATI DECEME	5.2 NAME	i	Henn	w, Lloyd G			v.m.yo	
STREET ADDRESS 1898 SW 105 AVENUE				5.3 STREET ADD				W.ATLA		D, STE	214	
CITY-ST-ZIP	DAVE FL				5.4 CITY-S1	1		GATE P				
TITLE			<u></u>	DELETE	6.1 TITLE						Change	Addition
NAME				_	6.2 NAME	Ì						
STREET ADDRESS	l				6.3 STREET	ADDRESS						
CITY-ST-ZIP	i _				6.4 CITY-ST	-ZIP						

14. I 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 changet, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR