

04.30.1999 90027 043... 6125

FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N24728

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 US
--	--

FILED

99 JUN 29 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/08/1988
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0133444
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>SIREN, ANNE</b> 2415 N E 25TH STREET LIGHTHOUSE PT FL 33064	10. Name and Address of New Registered Agent
	81 Name Taylor, Chester P.
	82 Street Address (P.O. Box Number is Not Acceptable)
	83 135 SW 84th Way
	84 City Coral Springs FL 85 Zip Code 33071

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: *Chester P. Taylor* Chester P. Taylor/President Board of Directors 26 April 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <del>DELETE</del>	1.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGIS, SYLVIANUS	1.2 NAME	Taylor, Chester P.
STREET ADDRESS	2780 NW 47 TERRACE	1.3 STREET ADDRESS	135 SW 84th Way
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	1.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	PD <del>DELETE</del>	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIREN, ANNE	2.2 NAME	Wald, Patricia
STREET ADDRESS	2415 NE 25 STREET	2.3 STREET ADDRESS	10761 NW 24th Street
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	TD <del>DELETE</del>	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, CHESTER P	3.2 NAME	Cynthia Goldsberry
STREET ADDRESS	135 SW 84 WAY	3.3 STREET ADDRESS	1103 Congressional Way
CITY-ST-ZIP	COLORADO SPRINGS FL 33071	3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKER, MARY LOU	4.2 NAME	
STREET ADDRESS	4231 N E 27TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33084	4.4 CITY-ST-ZIP	
TITLE	TD <del>DELETE</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, LLOYD G	5.2 NAME	
STREET ADDRESS	6261 W ATLANTIC BLVD, STE 214	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Bates, Dianne L.
STREET ADDRESS		6.3 STREET ADDRESS	8015 SW 22nd Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Davie, FL 33324

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered.

SIGNATURE: *Dianne L. Bates* SIGNATURE: *Chester P. Taylor* DATES: 26 April 1999 (954)785-8510

CR2E037 (11/98)