

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N24728**

1. Entity Name

**EPISCOPAL MENTAL HEALTH MINISTRIES, INC.**

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90027 038 \*\*\*\*61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0133444</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**TAYLOR, CHESTER P**  
**135 SW 84TH WAY**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **Wald, Patricia**

Street Address (P.O. Box Number is Not Acceptable)  
**10761 NW 24th Street**

City **Coral Springs** FL Zip Code **33065**

8. 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 *Patricia Wald* **Patricia Wald/President Board of Directors** **23 February 2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>TAYLOR, CHESTER P</b> <b>135 SW 84TH WAY</b> <b>CORAL SPRINGS FL 33071</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WALD, PATRICIA</b> <b>10761 NW 24TH STREET</b> <b>CORAL SPRINGS FL 33065</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GOLDSBERRY, CYNTHIA</b> <b>1103 CONGRESSIONAL WAY</b> <b>DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RICKER, MARY LOU</b> <b>4231 N E 27TH AVENUE</b> <b>LIGHTHOUSE POINT FL 33064</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <b>BATES, DIANNE L</b> <b>8015 SW 22ND COURT</b> <b>DAVIE FL 33324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Wald, Patricia</b> <b>10761 NW 24th Street</b> <b>Coral Springs, FL 33065</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Thomas, Samuel</b> <b>4908 NW 44th Avenue</b> <b>Tamarac, FL 33319</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Taylor, Chester P.</b> <b>135 SW 84th Way</b> <b>Coral Springs, FL 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dianne L. Bates* **Dianne L. Bates** **23 February 2000** **(954)785-8510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)