

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

003545

DOCUMENT # N24728

1. Entity Name

EPISCOPAL MENTAL HEALTH MINISTRIES, INC.

05-17-2001 91312 037 ****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 US |
|--|--|

657613



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 65-0133444 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WALD, PATRICIA
10761 NW 24TH ST
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | TAYLOR, CHESTER P | |
| STREET ADDRESS | 135 SW 84TH WAY | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WALD, PATRICIA | |
| STREET ADDRESS | 10761 NW 24TH STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, SAMUEL | |
| STREET ADDRESS | 4908 NW 44TH AVE | |
| CITY-ST-ZIP | TAMARAC FL 33319 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RICKER, MARY LOU | |
| STREET ADDRESS | 4231 N E 27TH AVENUE | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL 33064 | |
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | BATES, DIANNE L | |
| STREET ADDRESS | 8015 SW 22ND COURT | |
| CITY-ST-ZIP | DAVIE FL 33324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURK, NORMAN | |
| STREET ADDRESS | 1705 NW 109 Ave | |
| CITY-ST-ZIP | Pembroke Pines, FL 33026 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **SIGNATURE FIGURED** **5/10/01** **954-785-8570**

CR2E037 (10/00)