

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24728

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: EPISCOPAL MENTAL HEALTH MINISTRIES, INC.

Current Principal Place of Business:

101 NE FIRST ST
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

101 NE FIRST ST
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-0133444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TURCK, NORMAN
Address: 1705 NW 108 AVE.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PD () Delete
Name: WALD, PATRICIA
Address: 10761 NW 24TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: RICKER, MARY LOU
Address: 4231 N E 27TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MD () Delete
Name: BATES, DIANNE L
Address: 8015 SW 22ND COURT
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE L BATES

MD

01/09/2002

Electronic Signature of Signing Officer or Director

Date