

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
May 28, 2002 8:00 am
Secretary of State

DOCUMENT # N24728

AMENDED ✓

1. Entity Name

EPISCOPAL MENTAL HEALTH MINISTRIES, INC.

02-14-2002 90003 016 ****61.25

Principal Place of Business

Mailing Address

101 NE FIRST ST
 POMPANO BEACH FL 33060
 US

101 NE FIRST ST
 POMPANO BEACH FL 33060
 US

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
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **RICKER, MARY LOU**
 Street Address (P.O. Box Number is Not Acceptable)
4231 NE 27 AVE.

City **LIGHTHOUSE POINT FL** Zip Code **33064**

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 Mary Lou Ricker

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TURCK, NORMAN Delete
 1705 NW 108 AVE.
 PEMBROKE PINES FL 33026

Change Addition

WALD, PATRICIA Delete
 10761 NW 24TH STREET
 CORAL SPRINGS FL 33065

Change Addition

RICKER, MARY LOU Delete
 4231 N E 27TH AVENUE
 LIGHTHOUSE POINT FL 33064

PD RICKER, MARY LOU Change Addition
 4231 NE 27 AVE
 LIGHTHOUSE POINT, FL 33064

BATES, DIANNE L Delete
 8015 SW 22ND COURT
 DAVIE FL 33324

SD DIAMOND, TONY Change Addition
 2506 SE 14 STREET
 POMPANO BEACH, FL 33062

Delete

VD BASS, KATHY Change Addition
 4161 SW 7 STREET
 PLANTATION, FL 33317

Delete

Change 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (954) 785-8510

Date

Daytime Phone #

CR2E037 (9/01)