

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90010 033 ****70.00

DOCUMENT # N24728

1. Entity Name
EPISCOPAL MENTAL HEALTH MINISTRIES, INC.



Principal Place of Business
**1698 BLOUNT ROAD
POMPANO BEACH, FL 33069 US**

Mailing Address
**1698 BLOUNT ROAD
POMPANO BEACH, FL 33069 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0133444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASS, KATHY
4161 SW 7TH STREET
PLANTATION, FL 33317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **HAGEMAN, ROBERT**
STREET ADDRESS **899 SW 15 STREET**
CITY-ST-ZIP **BOCA RATON, FL 33486**

VD ☐ Change ☒ Addition
NAME **MacLaren, Linda**
STREET ADDRESS **P.O. Drawer 40**
CITY-ST-ZIP **Boca Raton, FL 33429**

S ☐ Delete
NAME **ENSKON, JOAN**
STREET ADDRESS **2709 OAK TERR DRIVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

MD ☐ Delete
NAME **WALD, PATRICIA**
STREET ADDRESS **10761 NW 24 ST**
CITY-ST-ZIP **CORAL SPRING, FL 33065**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☐ Delete
NAME **BASS, KATHY**
STREET ADDRESS **4161 SW 7TH STREET**
CITY-ST-ZIP **PLANTATION, FL 33317**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patricia Wald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/06 954-972-2958

Date Daytime Phone #