


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	4. FEI Number 65-0133444	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGEMAN, ROBERT		NAME	Maclaren, Linda	
STREET ADDRESS	899 SW 15 STREET		STREET ADDRESS	P.O. Drawer 40	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33429	
S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENSKON, JOAN		NAME		
STREET ADDRESS	2709 OAK TERR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33309		CITY-ST-ZIP		
MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALD, PATRICIA		NAME		
STREET ADDRESS	10761 NW 24 ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRING, FL 33065		CITY-ST-ZIP		
PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, KATHY		NAME		
STREET ADDRESS	4161 SW 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Patricia Wald</i>			03/16/06 954-972-2958		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		