

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24728

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: EPISCOPAL MENTAL HEALTH MINISTRIES, INC.

**Current Principal Place of Business:**

1698 BLOUNT ROAD  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1698 BLOUNT ROAD  
POMPANO BEACH, FL 33069 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:**

BASS, KATHY  
4161 SW 7TH STREET  
PLANTATION, FL 33317 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: HAGEMAN, ROBERT  
Address: 899 SW 15 STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete  
Name: ENGSKON, JOAN  
Address: 2709 OAK TERR DRIVE  
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: MD ( ) Delete  
Name: WALD, PATRICIA  
Address: 10761 NW 24 ST  
City-St-Zip: CORAL SPRING, FL 33065

Title: PD ( ) Delete  
Name: BASS, KATHY  
Address: 4161 SW 7TH STREET  
City-St-Zip: PLANTATION, FL 33317

Title: VD ( ) Delete  
Name: MACHARAN, LINDA  
Address: PO DRAWER 40  
City-St-Zip: BOCA RATON, FL 33429

**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:

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 Chapter 119, 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: PATRICIA WALD

ED

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date