

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24728

FILED
Apr 27, 2009
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:

MACLAREN, LINDA
798 S. FEDERAL HIGHWAY
SUITE 100
BOCA RATON, FL 33432 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: WARD, MARJORIE
Address: 2089 CHAMPIONS WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: MD (X) Delete
Name: SMITH, SHEILA
Address: 11844 ROYAL PALM BLVD
City-St-Zip: CORAL SPRING, FL 33065

Title: PD () Delete
Name: MACLAREN, LINDA
Address: 798 S FERERDAL HIGHWAY, SUITE 100
City-St-Zip: BOCA RATON, FL 33432

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 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: LINDA MACLAREN

PD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date