

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N24728

**FILED
Oct 07, 2011
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
1171 SW EIGHTH STREET
BOCA RATON, FL 33486 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: LINDA MACLAREN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: HAGEMAN, ROBERT
Address: 899 SW 15 STREET
City-St-Zip: BOCA RATON, FL 33486

Title: S
Name: GOODISON, LORNA
Address: 4233 NW 120TH WAY
City-St-Zip: SUNRISE, FL 33323 US

Title: PD
Name: LAVRAR, JANICE
Address: 700 OLEANDER DRIVE
City-St-Zip: PLANTATION, FL 33317

Title: MD
Name: FLETCHER, JOE ANN
Address: 1698 BLOUNT ROAD
City-St-Zip: POMPANO BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: JOE ANN FLETCHER

Electronic Signature of Signing Officer or Director

MD

10/07/2011

Date