

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24728

**FILED**  
**Apr 21, 2012**  
**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: \_\_\_\_\_

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: ROBERT HAGEMAN

T

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date