


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90044 007 ****61.25

DOCUMENT # N24728

1. Entity Name
EPISCOPAL MENTAL HEALTH MINISTRIES, INC.



Principal Place of Business
**101 NE FIRST ST
POMPANO BEACH FL 33060
US**

Mailing Address
**101 NE FIRST ST
POMPANO BEACH FL 33060
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0133444** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**RICKER, MARY LOU
4231 NE 27 AVE
LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	
TURCK, NORMAN 1705 NW 108 AVE. PEMBROKE PINES FL 33026 <input checked="" type="checkbox"/> Delete		T HAGEMAN, ROBERT 899 SW 15 STREET BOCA RATON, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
DIAMOND, TONY 2506 SE 14TH STREET POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete		S ENGBKOW, JOAN 2709 OAK TREE DRIVE DAKLAND PARK, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
RICKER, MARY LOU 4231 N E 27TH AVENUE LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
BATES, DIANNE L 8015 SW 22ND COURT DAVIE FL 33324 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
BASS, KATHY 4161 SW 7TH STREET PLANTATION FL 33317 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Signature Registered* 04/10/2003 954.785.8510

CR2E037 (10/02)