

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N30227

1. Entity Name  
SPORTSMEN FOR MENTAL HEALTH, INC.



Principal Place of Business  
PO BOX 310  
HOMESTEAD, FL 33090-0310 US

Mailing Address  
PO BOX 310  
HOMESTEAD, FL 33090-0310 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0124705

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, MICHAEL J.  
317 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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

TITLE D ☐ Delete  
NAME SANCHEZ, JUAN M  
STREET ADDRESS 1420 FLAMINGO CT  
CITY-ST-ZIP HOMESTEAD, FL 33035

☐ Change ☐ Addition  
U00000136185  
04/28/04-80084-013 61.25

TITLE D ☐ Delete  
NAME BLAYLOCK, LAWRENCE HAYDEN  
STREET ADDRESS 14995 SW 264TH STREET  
CITY-ST-ZIP NARANJA, FL

☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME HOHN, WILLIAM E.  
STREET ADDRESS 16931 SW 302 TERRACE  
CITY-ST-ZIP HOMESTEAD, FL

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L H Blaylock

4/23/04

305-  
247-7249

FILED  
Apr 28, 2004 08:00 AM  
Secretary of State

