

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 25, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03152005 No 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

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

**DO NOT WRITE
IN THIS SPACE**

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)

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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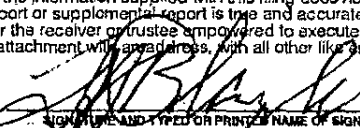
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANCHEZ, JUAN M 1420 FLAMINGO CT HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLAYLOCK, LAWRENCE HAYDEN 14995 SW 264TH STREET NARANJA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOHN, WILLIAM E. 16931 SW 302 TERRACE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/25/05-80038-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.

SIGNATURE:  03/22/05 305-242-4394

Signature and typed or printed name of signing officer or director Date Daytime Phone # 230