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

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANCHEZ, JUAN M
STREET ADDRESS	1420 FLAMINGO CT
CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	D
NAME	BLAYLOCK,LAWRENCE HAYDEN
STREET ADDRESS	14995 SW 264TH STREET
CITY-ST-ZIP	NARANJA, FL
TITLE	D
NAME	HOHN, WILLIAM E.
STREET ADDRESS	16931 SW 302 TERRACE
CITY-ST-ZIP	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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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: _____ 03/22/05 305-242-4394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone X230