

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34005**

1. Entity Name  
**FLORIDA ASSOCIATION OF MENTAL HEALTH  
ADMINISTRATORS, INC.**



Principal Place of Business  
**11254 58TH ST NO  
PINELLAS PARK, FL 33782 US**

Mailing Address  
**11254 58TH ST NO  
PINELLAS PARK, FL 33782 US**



02272006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0183166**

Applied For  
**Not Applicable**

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WENNLUND, GERALD F  
11254 58TH ST NO  
PINELLAS PARK, FL 33782**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000475977  
04/05/06-80038-011 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WEDEKIND, TOM
STREET ADDRESS	11254 58TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	PO
NAME	WENNLUND, GERALD F
STREET ADDRESS	11254 58TH ST NO
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Gerald F. Wennlund* **Gerald F. Wennlund**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/06* **2/27/06 (727) 545-6477**

Date

Daytime Phone #