

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34005

FILED
Jan 23, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF MENTAL HEALTH ADMINISTRATORS, INC.

Current Principal Place of Business:

11254 58TH ST NO
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

Current Mailing Address:

11254 58TH ST NO
PINELLAS PARK, FL 33782 US

New Mailing Address:

FEI Number: 65-0183166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEDEKIND, TOM,
Address: 11254 58TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: PD () Delete
Name: WENNLUND, GERALD F
Address: 11254 58TH ST NO
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEDEKIND, THOMAS C
Address: 11254 58TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: PD (X) Change () Addition
Name: WENNLUND, GERALD F
Address: 11254 58TH ST NO
City-St-Zip: PINELLAS PARK, FL 33782

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD F. WENNLUND

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date