

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40362

FILED
Apr 28, 2009
Secretary of State

Entity Name: CAPITAL PSYCHIATRIC SOCIETY, INC.

Current Principal Place of Business:

521 EAST PARK AVENUE
TALLAHASSEE, FL 323012524

New Principal Place of Business:

Current Mailing Address:

521 EAST PARK AVENUE
TALLAHASSEE, FL 323012524

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MARGO S.
521 E. PARK AVE.
TALLAHASSEE, FL 32301 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: PD () Delete
Name: DEBELIVS-ENEMARAK, PETER
Address: 1623 TIMBER RUN
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: ABEBE, DEJENE
Address: 1616 PHYSICIANS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BAILEY, JOHN
Address: 2100 CENTERVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARGO S ADAMS

RA

04/28/2009

Electronic Signature of Signing Officer or Director

Date