

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42587** (8)

1. Corporation Name

**SOCIETY FOR EDUCATION AND RESEARCH IN PSYCHIATRY  
C-MENTAL HEALTH NURSING, INC. (SERPN)**

Principal Place of Business

Mailing Address

**437 TWIN BAY DRIVE  
PENSACOLA FL 32534-1350**

**437 TWIN BAY DRIVE  
PENSACOLA FL 32534-1350**

3. Date Incorporated or Qualified  
**03/20/1991**

3a. Date of Last Report  
**02/07/1996**

2. Principal Place of Business  
21 **7794 Grow Drive**

2a. Mailing Address  
26 **7794 Grow Drive**

4. FEI Number  
**59-3041888**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

22 City & State  
23 **Pensacola, FL**

27 City & State  
28 **Pensacola, FL**

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

24 Zip **32514** Country **U.S.**

29 Zip **32514** Country **U.S.**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUETZ, BELUNDA E.  
SERPN NATIONAL OFFICE  
437 TWIN BAY DRIVE  
PENSACOLA FL 32534-1350**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHISHOLM, MARGERY	
STREET ADDRESS	360 HUNTINGTON AVE.	
CITY - ST - ZIP	BOSTON MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDRIX, MELVA JO	
STREET ADDRESS	760 ROSE STREET	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOYD, MARY ANN	
STREET ADDRESS	233 OAK TREE DRIVE	
CITY - ST - ZIP	COLUMBIA IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOWARD, PATRICIA	
STREET ADDRESS	7758 STATE ROAD 62	
CITY - ST - ZIP	LANESVILLE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLD, CAROL A.	
STREET ADDRESS	115 MILL STREET	
CITY - ST - ZIP	BELMONT MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE, CATHERINE	
STREET ADDRESS	UNIVERSITY OF VA	
CITY - ST - ZIP	CHARLOTTESVILLE VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>President</b>
2.3 STREET ADDRESS	<b>Meiva Jo Hendrix</b>
2.4 CITY - ST - ZIP	<b>760 Rose Street</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-28-97**

**904-474-9094**

CR2E037 (9/96)