

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

**7794 GROW DR
PENSACOLA FL 32514
US**

**7794 GROW DR
PENSACOLA FL 32514
US**

3. Date Incorporated or Qualified

03/20/1991

4. FEI Number

59-3041888

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUETZ, BELINDA 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 **7794 Grow Drive**

84 City

Pensacola

FL

85 Zip Code

32514

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

Belinda E. Puetz

Belinda E. Puetz

5-28-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **HENDRIX, MELVA JO**
STREET ADDRESS **760 ROSE ST**
CITY-ST-ZIP **LEXINGTON KY**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Barrell, Lorna Mill**
1.3 STREET ADDRESS **8443 Abbey Rd.**
1.4 CITY-ST-ZIP **Richmond, VA 23235-2505**

TITLE **SD** ☐ DELETE
NAME **BOYD, MARY ANN**
STREET ADDRESS **233 OAK TREE DRIVE**
CITY-ST-ZIP **COLUMBIA IL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **HOWARD, PATRICIA**
STREET ADDRESS **7758 STATE ROAD 62**
CITY-ST-ZIP **LANESVILLE IN**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GOLD, CAROL A.**
STREET ADDRESS **115 MILL STREET**
CITY-ST-ZIP **BELMONT MA**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Glod, Carol A.**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KANE, CATHERINE**
STREET ADDRESS **UNIVERSITY OF VA**
CITY-ST-ZIP **CHARLOTTESVILLE VA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Belinda E. Puetz

Belinda E. Puetz

5/28/98 GEN-471190711

CR2E037 (10/97)