

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43517

FILED
Apr 15, 2004
Secretary of State

Entity Name: FLORIDA PSYCHIATRIC SOCIETY FOUNDATION, INC.

Current Principal Place of Business:

521 E PARK AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

521 E PARK AVE
TALLAHASSEE, FL 32301

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 AVENUE
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: DD () Delete
Name: BENSON, SCOTT R
Address: 5190 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL

Title: PD () Delete
Name: JORDAN, JAMES A.,
Address: 2340 N.E. 53RD STREET
City-St-Zip: FT. LAUDERDALE, FL

Title: D () Delete
Name: SPREHE, DANIEL J.,
Address: 800 MARTIN LUTHER KING
City-St-Zip: TAMPA, FL

Title: D (X) Delete
Name: EKWALL, MERTON L
Address: 3380 W LAKESHORE DR
City-St-Zip: TALLAHASSEE, FL

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT R BENSON, MD

DD

04/15/2004

Electronic Signature of Signing Officer or Director

Date