

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51436

FILED
Apr 24, 2008
Secretary of State

Entity Name: FLORIDA INITIATIVE FOR SUICIDE PREVENTION, INC.-FLORIDA DIVISION

Current Principal Place of Business:

2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 65-0370064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, HARRY M PRES.
1253 MANOR DRIVE S
WESTON, FL 33326 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: SEC. () Delete
Name: HOLCOMB, DAWN
Address: 921 SW 111TH WAY
City-St-Zip: DAVIE, FL 33324 US

Title: EDIR () Delete
Name: ROSEN, JACKIE H
Address: 1253 MANOR DRIVE S
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: STEINMAN, JOSEPH
Address: 879 SAVANNAH FALLS DRIVE
City-St-Zip: WESTON, FL 33327

Title: PRES () Delete
Name: ROSEN, HARRY M ESQ.
Address: 200 EAST BROWARD BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33302

Title: VP () Delete
Name: ROBAINA, JUDI
Address: 16526 RUBY LAKE
City-St-Zip: WESTON, FL 33331

Title: DIR. () Delete
Name: WEIL, HELEN
Address: 16795 PATIO VILLAGE LANE
City-St-Zip: DAVIE, FL 33326

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:

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

Title: DIR. (X) Change () Addition
Name: TUPLER, AUSTIN W
Address: 6570 S. W. 47TH CT.
City-St-Zip: DAVIE, FL 33314 US

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: JACKIE ROSEN

EDIR

04/24/2008

Electronic Signature of Signing Officer or Director

Date