# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# N51436

**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: | TUPLER, AUSTIN W | |
| Address: | 6570 S. W. 47TH CT. | |
| City-St-Zip: | DAVIE, FL 33314 US | |

**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: | ( ) 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: JACQUELINE H. ROSEN EDIR 01/16/2009

Electronic Signature of Signing Officer or Director — Date