

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005197

FILED
Aug 08, 2007
Secretary of State

Entity Name: THE FLORIDA FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH, INC.

Current Principal Place of Business:

3927 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

49 CHRISTY LANE
SOPCHOPPY, FL 32358 US

Current Mailing Address:

3927 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

P.O. BOX 208
SOPCHOPPY, FL 32358 US

FEI Number: 59-3193970 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REISS, JOHN G
PO BOX 357567
GAINESVILLE, FL 32635 US

Name and Address of New Registered Agent:

JUSTISS, STACY L
49 CHRISTY LANE
SOPCHOPPY, FL 32358 US

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: STACY JUSTISS

08/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VDS () Delete
Name: GLUZ, DORI
Address: PO BOX 10475
City-St-Zip: DAYTONA BEACH, FL 32120

Title: PDT () Delete
Name: SANDRA, NASCA
Address: PO BOX 357567
City-St-Zip: GAINESVILLE, FL 32635

Title: BM () Delete
Name: HELENE, SOHN
Address: 475 SOMERSET WAY
City-St-Zip: WESTIN, FL 33326

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: JUSTISS, STACY
Address: 49 CHRISTY LANE
City-St-Zip: SOPCHOPPY, FL 32358

Title: P (X) Change () Addition
Name: NASCA, SANDRA
Address: 299 S. ROSCOE BLVD
City-St-Zip: PONTE VERDA BEACH, FL 32082

Title: VP/T (X) Change () Addition
Name: REISS, BEVERLY
Address: 5225 NW 43RD RD
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Change (X) Addition
Name: GLUZ, DORI
Address: P.O. BOX 10475
City-St-Zip: DAYTONA BEACH, FL 32120

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: STACY JUSTISS

ED

08/08/2007

Electronic Signature of Signing Officer or Director

Date