

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000005197

FILED
May 19, 2003
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:

Current Mailing Address:

3927 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-3193970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, CONNI J
3922 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327 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: VDS () Delete
Name: GLUZ, DORI
Address: PO BOX 10475
City-St-Zip: DAYTONA BEACH, FL 32120

Title: PD () Delete
Name: JUSTISS, STACY
Address: 25 SHARMIN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: DOTSON, KIM
Address: 2475 APALACHEE PKWY STE 205
City-St-Zip: TALLAHASSEE, FL 32301

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:

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: CONNI J WELLS

MS

05/19/2003

Electronic Signature of Signing Officer or Director

Date