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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N93000005209 (2)

FILED Feb 03 1998 8:00am Secretary of State

## ST PALM BEACH FL 33401 ## ST PALM BEACH FL 3	MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.									
WEST PALM BEACH Ft. 33401 WEST PALM BEACH Ft. 33401 11/17/1983 4. FBI Monobe 5. Certificate of Status Desired 6. Election Campaign Financing 7. In this corporation over one speat the current year integrable 7. In this corporation over one speat the current year integrable 7. In this corporation over one speat the current year integrable 7. In this corporation over one speat the current year integrable 8. Personal Property Tex due June 30.	Principal Place of Business Mailing Address				·					
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COLY & State 23	Suite, Apt. #, etc.		Suite, Apt. #, etc.						_	
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Zip Country Zip Country 2 P Country 8. This comporation cowers on his paid the current year ingagilled Personal Property Tax disculptory Tax	23	•								
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CONSTANTINO, RENEE P 402 NW 9TH ST DELRAY BEACH FL 33444 84 65 67 68 68 68 68 68 68 68 68 68	24				10				_	
### DELRAY BEACH FL 33444 ### City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and transmission and accept the obligations of, Section 617.0502 and 617		5. Name and Address of Current	negistered Agei	114	81	Name		10. Name and Address of New Registered Agent	_	
## DELRAY BEACH FL 33444 Ba	CONSTA	ntino, renee p			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	\dashv	
Bad City FL 85 Zip Code					83			· ,	괵	
11. Pursuant to the provisions of Sections 617 (502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and married with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Total	DELEVAT	DEAUT LE 33444				01-				
SIGNATURE					1 1	_		FL T		
SIGNATURE	Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
12	į									
TITLE	SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: F	Registered Age	nt signature	required	when reinstating) DATE	- [
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attacknown with an address.

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(561)832-3755