FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # N93000005209 (2)

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
909 FERN ST. WEST PALM BEACH FL 33401	909 FERN ST. WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 11/17/1993

4. FEI Number: 59-0760220 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONSTANTINO, RENEE P
402 NW 9TH ST
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HURLEY, WEBSTER		1.2 NAME		
STREET ADDRESS	159 THORNTON DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	GARRITY, JOAN T		2.2 NAME	Dena R. Barash	
STREET ADDRESS	1957 CANTERBURY CIRCLE		2.3 STREET ADDRESS	2489 West Glades Road, #108	
CITY-ST-ZIP	WEST PALM BCH FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VRECHEK, NANCY		3.2 NAME		
STREET ADDRESS	725 NORTH HIGHWAY A1A SUITE E204		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	4.1 TITLE	DV	☐ Change ☒ Addition
NAME	GOLDSTEIN, HARRIETT		4.2 NAME	Miriam Davis	
STREET ADDRESS	336 PENNINGTON		4.3 STREET ADDRESS	2700 PGA Boulevard, #108	
CITY-ST-ZIP	ROYAL PALM BCH FL		4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCGRAW, STEPHEN		5.2 NAME		
STREET ADDRESS	10261 N. 159TH COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEHRMAN, RUTH		6.2 NAME		
STREET ADDRESS	230 CORNELL DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 or 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 attachment with an address.

SIGNATURE: [signature] **REQUIRED** Webster Hurley 1/22/98 (561)832-3755