

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005209

FILED
Jan 30, 2004
Secretary of State

Entity Name: MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

909 FERN ST.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

909 FERN ST.
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-0760220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, MARY J
909 FERN STREET
WEST PALM BEACH, FL 33401 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: DP () Delete
Name: WEAVER, KATHLEEN
Address: PO BOX 19600 MSF710-20
City-St-Zip: WEST PALM BEACH, FL 33410

Title: D () Delete
Name: PAPATHEODOROU, NOREEN
Address: 1735 LANDS END RD
City-St-Zip: PT MANALAPAN, FL 33462

Title: D () Delete
Name: VRECHEK, NANCY
Address: 725 N. HWY A1A STE B106
City-St-Zip: JUPITER, FL 33477

Title: DS () Delete
Name: MCGRAW, STEPHEN
Address: 205 N DIXIE HWY, PALM BEACH COURTHOUSE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT () Delete
Name: SHAPIRO, FRED
Address: 505 S. FLAGLER DR #300
City-St-Zip: PALM BEACH, FL 33480

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHALAIRE, KATHLEEN W
Address: PO BOX 19600 MSF710-20
City-St-Zip: WEST PALM BEACH, FL 33410

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: DV () Change (X) Addition
Name: KLEIN, STUART ESQ
Address: 1551 FORUM PLACE, SUTIE 400B
City-St-Zip: WEST PALM BEACH, FL 33401

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: KATHLEEN WEAVER CHALAIRE

DP

01/30/2004

Electronic Signature of Signing Officer or Director

Date