2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N93000005209

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

Current Principal Place of Business:

909 FERN STREET
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

909 FERN STREET
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-0760220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SILBERMAN, MARJORIE
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:	ANIS, ROBERT	
Address:	2201 45TH STREET	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	DV	( ) Delete
Name:	BARTMON, JOY	
Address:	1515 NORTH FEDERAL HIGHWAY, #300	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	DS	( ) Delete
Name:	GOODMAN, JEROME	
Address:	10873 FAIRMONT VILLAGE DRIVE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	DT	( ) Delete
Name:	STOPKOSKI, DAVID	
Address:	505 S. FLAGLER DRIVE, #900	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	DAVIS, MIRIAM	
Address:	2001 PALM BEACH LAKES BLVD, #300	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	D	( ) Delete
Name:	FULGINITI, JERRI	
Address:	6437 GARRETT ST.	
City-St-Zip:	JUPITER, FL 33458	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	WASHINGTON, WILLIAM	
Address:	819 S. MANGONIA CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33401	
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 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: MARJORIE SILBERMAN CEO 02/04/2009

Electronic Signature of Signing Officer or Director — Date