

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005209

FILED
Mar 09, 2010
Secretary of State

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 ()

Name and Address of Current Registered Agent:

GIONFRIDDO, PAMELA
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
Name: BARTMON, JOY
Address: 1515 N FEDERAL HWY #300
City-St-Zip: BOCA RATON, FL 33432

Title: DV
Name: ANIS, ROBERT
Address: 2201 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DS
Name: ROSENFELD, DAVID
Address: 501 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT
Name: WASHINGTON, WILLIAM
Address: 819 SOUTH MANGONIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: PAMELA GIONFRIDDO

CEO

03/09/2010

Electronic Signature of Signing Officer or Director

Date