2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
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 ( )**

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: WASHINGTON, WILLIAM
Address: 819 S MANGONIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV
Name: MARTIN, PENNY
Address: 1375 GATEWAY BLVD.
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DT
Name: FOGEL, NEIL
Address: 4810 EXETER ESTATE LANE
City-St-Zip: WELLINGTON, FL 33449

Title: DS
Name: GIBSON, DANIEL
Address: 2808 N AUSTRALIAN AVE.
City-St-Zip: WEST PALM BEACH, FL 33407

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 02/08/2012

Electronic Signature of Signing Officer or Director Date