

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005737 (1)

1. Corporation Name

**THE SOCIETY FOR THE EMOTIONALLY AND MENTALLY ILL
, INC.**

Principal Place of Business

Mailing Address

**12189 N US HWY 1
NORTH PALM BEACH FL 33408**

**12189 N US HWY 1
NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/21/1994

4. FEI Number

☒ Applied For
☐ Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.039,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SQUATRITO, ANGELO V
12189 N US HWY 1
NORTH PALM BEACH FL 33408**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or person filing report and the registered agent)

(Signature of Registered Agent upon request when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	SQUATRITO, ANGELO V
STREET ADDRESS	491 SUNSET WAY
CITY, ST, ZIP	JUNO BEACH FL 33408
TITLE	D
NAME	VERNIS, G. JEFFREY
STREET ADDRESS	6284 DIAMOND ST
CITY, ST, ZIP	PALM BEACH GARDENS FL 33418
TITLE	D
NAME	CROSS, JODI
STREET ADDRESS	1815 18TH CT
CITY, ST, ZIP	JUPITER FL 33477
TITLE	D
NAME	ZAFEREO, FRANCINE
STREET ADDRESS	1001 BEDFORD AVE
CITY, ST, ZIP	PALM BEACH GARDENS FL 33403
TITLE	D
NAME	SQUATRITO, ROSEANN
STREET ADDRESS	491 SUNSET WAY
CITY, ST, ZIP	JUNO BEACH FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Angelo V Squatrito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo V Squatrito 4/14/95
DATE

(407) 691-9025
0011100