

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90045 006 ****61.25

DOCUMENT # N99000006104

1. Entity Name

SUICIDE PREVENTION ADVOCACY NETWORK FLORIDA, INC



Principal Place of Business

**2725 TWIN OAKS TRAIL
FORT PIERCE FL 34945**

Mailing Address

**2725 TWIN OAKS TRAIL
FORT PIERCE FL 34945**

70011745



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOLINARO, BRENDA
2725 TWIN OAKS TRAIL
FORT PIERCE FL 34945**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	MOLINARO, BRENDA	2725 TWIN OAKS TRAIL	FORT PIERCE FL 34945	<input type="checkbox"/>
VPT	SCOORES, PAT	5020 TAMAIMMI TRAIL N	NAPLES FL 34102	<input type="checkbox"/>
S	TRUDELL, VELVET	5763 JENKINS PARK AVE	FORT PIERCE FL 34947	<input type="checkbox"/>
TT	TRUDELL, VELVET	JENKINS PARK AVE	FORT PIERCE FL 34947	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	Donna Haramis	3416 SE East Shore Rd	PSL FLA 34984	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TT	Donna Haramis	3416 SE East Shore Rd	PSL FLA 34984	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brenda Molinaro**

Brenda Molinaro

1-14-03 (712) 595-9231