

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N34005 (1)**

1. Corporation Name  
**FLORIDA ASSOCIATION OF MENTAL HEALTH ADMINISTRATORS, INC.**



Principal Place of Business 919 NE 13TH STREET FT. LAUDERDALE FL 33304 US	Mailing Address 919 NE 13TH STREET FT. LAUDERDALE FL 33304 US
--	--

3. Date Incorporated or Qualified <b>09/06/1989</b>	Applied For Not Applicable
4. FEI Number <b>65-0183166</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>11254 58th St. No.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>11254 58th St. No.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Pinellas Park, FL</b>	27 City & State 28 <b>Pinellas Park, FL</b>
24 Zip <b>33782</b>	25 Country <b>US</b>
29 Zip <b>33782</b>	30 Country <b>US</b>

9. Name and Address of Current Registered Agent

**FRISCH, JACK A  
919 NE 13TH STREET  
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name <b>Gerald F. Wennlund</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11254 58th Street North</b>
83
84 City <b>Pinellas Park</b> <b>FL</b> 85 Zip Code <b>33782</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Gerald F. Wennlund (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>FRISCH, JACK A. PHD.</b>	
STREET ADDRESS <b>919 NE 13TH STREET</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33304</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HOWE, GERALD L.</b>	
STREET ADDRESS <b>1236 M.L. KING STREET NORTH</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33705</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WEDEKIND, TOM</b>	
STREET ADDRESS <b>11254 58TH STREET NORTH</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 34666</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Pinellas Park, FL 33782</b>
4.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Gerald F. Wennlund</b>	
4.3 STREET ADDRESS <b>11254 58th Street North</b>	
4.4 CITY-ST-ZIP <b>Pinellas Park, FL 33782</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Gerald F. Wennlund 1/30/98 (813) 545-6477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035768

CR2E087 (10/97)