


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N34005
 1. Entity Name
FLORIDA ASSOCIATION OF MENTAL HEALTH ADMINISTRATORS, INC.



Principal Place of Business 11254 58TH ST NO PINELLAS PARK, FL 33782 US	Mailing Address 11254 58TH ST NO PINELLAS PARK, FL 33782 US
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01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0183166	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENNLUND, GERALD F
 11254 58TH ST NO
 PINELLAS PARK, FL 33782

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRISCH, JACK A. PHD.
STREET ADDRESS	919 NE 13TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D
NAME	WEDEKIND, TOM
STREET ADDRESS	11254 58TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	PD
NAME	WENNLUND, GERALD F
STREET ADDRESS	11254 58TH ST NO
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000009179
 01/20/04-80095-001 70.00

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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: Gerald F. Wennlund **Gerald F. Wennlund** 1/14/04 (727) 545-6477 x305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #