

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000609

**Entity Name:** R.A.C.E. HELPS IN MENTAL HEALTH, INC.

**Current Principal Place of Business:**

3074 BENT BOW LANE  
MIDDELBURG, FL 32068

**Current Mailing Address:**

PO BOX 66086  
ORANGE PARK, FL 32065

**FEI Number:** 26-4116630

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WATTS, GRAHAM FSR.  
3074 BENT BOW LANE  
MIDDELBURG, FL 32068 US

*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

**Officer/Director Detail :**

Title           PTD  
Name           WATTS, GRAHAM FSR.  
Address        3074 BENT BOW LANE  
City-State-Zip: MIDDELBURG FL 32068

*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:** GRAHAM F. WATTS

PTD

01/08/2013

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date