

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24728

**FILED
Apr 26, 2014
Secretary of State
CC1727203805**

Entity Name: EPISCOPAL MENTAL HEALTH MINISTRIES, INC.

Current Principal Place of Business:

1698 BLOUNT ROAD
POMPANO BEACH, FL 33069

Current Mailing Address:

1698 BLOUNT ROAD
POMPANO BEACH, FL 33069 US

FEI Number: 65-0133444

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACLAREN, LINDA
1171 SW EIGHTH STREET
BOCA RATON, FL 33486 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 T
Name HAGEMAN, ROBERT
Address 899 SW 15 STREET
City-State-Zip: BOCA RATON FL 33486

Title S
Name GOODISON, LORNA
Address 4233 NW 120TH WAY
City-State-Zip: SUNRISE FL 33323

Title PD
Name VIAU, KATHRYN
Address 651 SW 6TH STREET
City-State-Zip: POMPANO BEACH FL 33060

Title MD
Name FLETCHER, JOE ANN
Address 1698 BLOUNT ROAD
City-State-Zip: POMPANO BEACH FL 33069

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: ROBERT HAGEMAN

TREASURER

04/26/2014

Electronic Signature of Signing Officer/Director Detail

Date