#### 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.

TREASURER

#### SIGNATURE: ROBERT HAGEMAN

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

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.

#### **Officer/Director Detail :**

	Title	Т	Title	S
	Name	HAGEMAN, ROBERT	Name	GOODISON, LORNA
	Address	899 SW 15 STREET	Address	4233 NW 120TH WAY
	City-State-Zip:	BOCA RATON FL 33486	City-State-Zip:	SUNRISE FL 33323
	Title	PD		
	Title Name	PD BASS, MARTHA K		
	Name Address	BASS, MARTHA K		

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24728

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

## Name and Address of Current Registered Agent:

MACLAREN, LINDA 1171 SW EIGHTH STREET BOCA RATON, FL 33486 US Certificate of Status Desired: No

Apr 27, 2015 Secretary of State CC4801783443

Date

FILED

04/27/2015 Date