

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005209

**Entity Name:** MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.

**FILED**  
**Jul 23, 2014**  
**Secretary of State**  
**CC1206507157**

**Current Principal Place of Business:**

909 FERN STREET  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

909 FERN STREET  
WEST PALM BEACH, FL 33401

**FEI Number:** 59-0760220

**Certificate of Status Desired:** No

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

GIONFRIDDO, PAMELA  
909 FERN STREET  
WEST PALM BEACH, FL 33401 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 DV  
Name MARTIN, PENNY  
Address 1375 GATEWAY BLVD.  
City-State-Zip: BOYNTON BEACH FL 33426

Title DT  
Name FOGEL, NEIL  
Address 4810 EXETER ESTATE LANE  
City-State-Zip: WELLINGTON FL 33449

Title CEO  
Name GIONFRIDDO, PAMELA  
Address 909 FERN ST  
City-State-Zip: WEST PALM BEACH FL 33401

Title TREASURER  
Name RODGERS, MARY  
Address 909 FERN ST  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** PAMELA GIONFRIDDO

**CEO**

**07/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date