



# Annual Update of Registration Form

(This form also used to be known as the Certification Form)

Office of the Secretary of State, State House, Annapolis MD 21401 Telephone: 410-974-5534

1. Fee submitted: \$ 0
2. Fiscal year end being reported: December Month 2017 Year CID-26491
3. Name of Charitable Organization: Behavioral Health Navigators Center
4. Mailing address of charity: 3376 Curtis Lane, Suite T3
5. Physical address of charity: 8703 Dorian Lane, Clinton, MD 20735
6. Telephone Number: 877-532-5571 7. Fax Number: 877-241-1004
8. E-mail address: bernice.griffin@behavioral-health-navigators.org

9. Does your organization engage or have a contract with a professional solicitor or fund-raising counsel? If yes, please attach a copy of the contract(s). In order to process your organization's application, you must respond to this question.

- Professional Solicitor:  Yes  No
- Fund-raising Counsel:  Yes  No

10. Is your organization affiliated with any Maryland State agency (as defined in COMAR 01.02.04.01L)?

- Yes  No (If yes, and raised more than \$750,000 you must submit an Audit and Agreed upon Procedures Report with application)

If yes, list the name(s) of the Maryland State agencies of which you are affiliated (use a separate sheet of paper, if needed): \_\_\_\_\_

11. I have attached all forms required in the instructions.

I hereby certify that this registration statement and all supporting documents are true to the best of my knowledge, and the IRS Form 990 or IRS Form 990-EZ for the above noted fiscal year submitted to the Office of the Secretary of State under section 6-408 of the Business Regulation Article of the Annotated Code of Maryland is a copy of the form submitted to the Internal Revenue Service.

Bernice D. Griffin  
Signature of the President, Chairman or other Principal Officer

9/7/2018  
Date

Bernice D. Griffin  
Print or Type Name of President, Chairman, or Principal Officer

President  
Title