

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 762700 (3)**

1. Corporation Name  
**COMMUNITY ALLIANCE FOR THE MENTALLY ILL (CAMI OF MIAMI), INC.**



Principal Place of Business Mailing Address  
**5711 S DIXIE HWY MIAMI FL 33143** **5711 S DIXIE HWY MIAMI FL 33143**

3. Date Incorporated or Qualified **04/01/1982** 3a. Date of Last Report **03/08/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2207150</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GREEN, DAVID F 10460 SW 113TH STREET MIAMI FL 33176</b>		81. Name	<b>MARK A. ZIMMER</b>
		82. Street Address (P.O. Box Number is Not Acceptable)	<b>9225 S.W. 68 STREET</b>
		83.	
		84. City	<b>MIAMI FL</b>
		85. Zip Code	<b>33173</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MARK A. ZIMMER, PRES** *Mark A. Zimmer* **4/16/96**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when not stating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, DAVID F</b>	1.2 NAME	<b>MARK A. ZIMMER</b>
STREET ADDRESS	<b>10460 SW 113TH ST</b>	1.3 STREET ADDRESS	<b>9225 S.W. 68 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33123</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>1ST VICE PRESIDENT V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NADELL, LAURIE</b>	2.2 NAME	<b>JERRY MARCUS</b>
STREET ADDRESS	<b>5941 SW 96ST</b>	2.3 STREET ADDRESS	<b>6401 CABALLERO BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>DIAZ, RACHEL</b>	3.2 NAME	
STREET ADDRESS	<b>5760 SW 94TH PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, RUTH A</b>	4.2 NAME	<b>ELLIOT KAPLAN</b>
STREET ADDRESS	<b>10460 SW 113TH ST</b>	4.3 STREET ADDRESS	<b>20801 BISCAYNE BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>AVENTURA, FL 33137</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMER, MARK</b>	5.2 NAME	<b>RUTH DICKMAN</b>
STREET ADDRESS	<b>9225 SW 68 ST</b>	5.3 STREET ADDRESS	<b>10935 S.W. 176 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL 33157</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUNDERSON, DORTHY</b>	6.2 NAME	<b>MARY M. ZIMMER</b>
STREET ADDRESS	<b>29823 SW 148TH TERRACE</b>	6.3 STREET ADDRESS	<b>9225 S.W. 68 ST</b>
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	6.4 CITY-ST-ZIP	<b>MIAMI, FL 33173</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark A. Zimmer* **MARK A. ZIMMER** **4/28/96** <sup>(305)</sup> **271-0273**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)