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

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762700

(3)

Mailing Address

## COMMUNITY ALLIANCE FOR THE MENTALLY ILL (CAMI OF MIAMI), INC.

5711 S DIXIE H Miami FL 33143		5711 S DIXIE HWY MIAMI FL 33143-3622				
					3. Date Incorporated or Qualified 04/01/1982	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
:1 26		26	16		59-2207150	Not Applica
Suite. Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City P. Clair		City & State				
City & State	;	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Coun	try	8. This corporation has liability for i	
24			30	Florida Statutes Yes 🙏 No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	istered Agent
				Name	DIAZ, RACHEL H.	
ZIMMER, MARK A 9225 S.W. 68 STREET			Ē	2 Street Ac	dress (P.O. Box Number is Not Acceptab 2760 S.W. 94 Place	e)
MIAMI FL 33173			Ε	13		
			-	4 City	Miami,	85 Zip Code
						FL 3317
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the abo	ove-named co	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its register
agent. I a	m familiar with, and accept the obliga	alions of Section 617.0503. F	lorida Statu	tes.	. I	t trig appointment as registere
SIGNATURE	rockel H.	mar			· ///	3191
	Signature, typed or printed name of registered age			Agent signature re	quired when reinstating)	DATÉ
TITLE	OFFICERS AN	D DIRECTORS DELETE	13.	c T	ADDITIONS/CHANGES TO OFFICE	Change Addi
		P officit				Circlings L Addi
NAME	ZIMMER, MARK A 9225 S.W. 68 ST.		1.2 NAM		DIAZ, RACHEL H	
STREET ADDRESS	MIAMI FL			EET ADDRESS	5760 S.W. 94 Pla	
CITY-ST-ZIP TITLE	VP VP	DELETE	2.1 TITL	-ST-ZIP	MIAMI, FL. 3317	Change Addi
NAME	MARCUS, JERRY		2.2 NAM		WyPy-	
STREET ADDRESS	6401 CABALLERO BLVD			EET ADDRESS	JAKEUS TOURING	
CHTY-ST-ZIP	CORAL GABLES FL			Y-ST-ZIP	4404~CAUALLERO~B	4404-
TITLE	VPD	DELETE	3.1 TITL		TOO COURT OF THE	Change Add
NAME	DIAZ, RACHEL	•	3.2 NAM	IÉ .	VPD	_
STREET ADDRESS	5760 SW 94TH PLACE		3.3 STA	EET ADDRESS	ROBINSON, JUDY	L
CITY-ST-ZIP	MIAMI FL		3.4. CIT	Y-ST-ZIP	11756 S.W. 102 S	t.
TITLE	TD	DELETE	4.1 TITL	E	MIAMI, PL.	Change Add
NAME	KAPLAN, ELLIOT		4. 2 NAI	ME	<u>-TD</u>	
STREET ADDRESS	20801 BISCAYNE BLVD.		4.3 STR	EET ADDRESS	TAPLAN, ELLIOT	<b></b>
CITY-ST-ZIP	AVENTURA FL		4.4 CiTY	-ST-ZIP	EGGG - DISCAPAGE D	VD AVENTUR
TITLE	SD	DELETE	5.1 TITL	E	<del>-32-</del>	☐ Change ☐ Add
NAME	DICKMAN, RUTH		5.2 NAM	IE	DICKMAN, RUTH-	
STREET ADDRESS	10935 S.W. 176 ST		5.3 STR	EET ADDRESS	1 <del>0935 8.W. 176 6</del>	<b>b</b> •
CITY-ST-ZIP	MIAMI FL		5.4 CIT	/-ST-ZIP	MIAMI, Ph.	
TITLE	SD	<b>∠</b> DELÈTE	6.1 TITL	E	SD	Change Add
NAME	ZIMMER, MARY M		6.2 NAN	(E	KOCH, RACHEL	
STREET ADDRESS	9225 S.W. 68 ST.		6.3 STR	EET ADDRESS	1541 BRICKELL AV	E. TH 101
CITY_ RT_ 7ID	MIAMI FI		s a city	7-ST-7IP	MTSMT WY	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Phone # 0030041

**FILED** 

Feb 10 1997 8:00am

Secretary of State