

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 # **N00671** (0)

1. Corporation Name

**MARTIN AND ST. LUCIE COUNTY ALLIANCE FOR MENTAL
Y ILL, INC.**



Principal Place of Business

Mailing Address

**2454 NE DIXIE HWY
JENSEN BEACH FL 34957**

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JENSEN BEACH FL 34957**

3. Date Incorporated or Qualified

12/29/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26 **PO Box 1082**

Suite, Apt. #, etc.

27

City & State

28

Stuart, FL

29

34995

30

Country

4. FEI Number

59-2444160

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**O'BRIEN, PATRICK J.
9940 SOUTH OCEAN DRIVE
SUITE 603
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81

Name

Jeanne P. Ralicki

82

Street Address (P.O. Box Number is Not Acceptable)

729 Colorado Ave.

83

84

City

Stuart

FL

85

Zip Code

34994

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

Jeanne P. Ralicki
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/29/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAKEL, BARBARA	
STREET ADDRESS	1033 E. 14TH STREET	
CITY-ST-ZIP	STUART FL	
TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	RALICKI, JEANNE	
STREET ADDRESS	P.O. BOX 25025 NA	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HILL, NANCY	
STREET ADDRESS	1535 ST. LUCIE BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASSIDY, CHARLES	
STREET ADDRESS	18272 SE CASSIA LANE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SEIFERT, BETTY	
STREET ADDRESS	333 SW TULIP	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUMMERS, DONNA	
STREET ADDRESS	413 SE GASPAREILLA	
CITY-ST-ZIP	PORT ST LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Margaret Scoboria	
1.3 STREET ADDRESS	900 E. Ocean Blvd. Suite 232	
1.4 CITY-ST-ZIP	Stuart, FL 34994	
2.1 TITLE	Bob Rose, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1450 SE Brewster Pl	
2.3 STREET ADDRESS	Stuart, FL 34994	
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Urho Kivikoski	
3.3 STREET ADDRESS	12863 SE Indian River Dr.	
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Patrick J O'Brien	
4.3 STREET ADDRESS	9940 S Ocean Dr	
4.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marilyn Staiman	
5.3 STREET ADDRESS	5946 SE Riverboat Dr	
5.4 CITY-ST-ZIP	Stuart, FL 34997	
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jeanne P. Ralicki	
6.3 STREET ADDRESS	PO Box 2025	
6.4 CITY-ST-ZIP	Stuart, FL 34995	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE P. RALICKI

1/29/96

407

220 1629

Daytime Phone #

CR2E037 (12/95)