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NONPROFIT CORPORATION ANNUAL REPORT

1997

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 MENTALL Y ILL, INC.

Principal Place of Business	Mailing Address
2454 NE DIXIE HWY JENSEN BEACH FL 34957	P.O. BOX 1082 STUART FL 34995-1082 US

3. Date Incorporated or Qualified: **12/29/1983**
3a. Date of Last Report: **02/02/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

JEANNE P RALICKI
729 COLORADO AVENUE
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	SCOBORIA, MARGARET		1.2 NAME	Anita Lipack	
STREET ADDRESS	900 EAST OCEAN BLVD, SUITE 232		1.3 STREET ADDRESS	16418 SW Two Wood Way	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	D	☒ DELETE	2.1 TITLE	Vice-President	☐ Change ☒ Addition
NAME	ROSE, BOB		2.2 NAME	Carol Beasley	
STREET ADDRESS	1450 SE BREWSTER PLACE		2.3 STREET ADDRESS	3864 SE Old St. Lucie Blvd.	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	KIVIKOSKI, URHO		3.2 NAME	Janet Tarr	
STREET ADDRESS	12863 SE INDIAN RIVER DRIVE		3.3 STREET ADDRESS	5256 SW Savage St.	
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	O'BRIEN, PATRICK		4.2 NAME	Nancy Hill	
STREET ADDRESS	9940 SOUTH OCEAN DRIVE		4.3 STREET ADDRESS	1565 SE St. Lucie Blvd.	
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	D	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	STAIMAN, MARILYN		5.2 NAME	Barbara Brakel	
STREET ADDRESS	5946 SE RIVERBOAT DRIVE		5.3 STREET ADDRESS	1033 East 10th St.	
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RALICKI, JEANNE P		6.2 NAME		
STREET ADDRESS	P.O. BOX 2025	N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeanne P Ralicki 1/7/97 (561) 220-1629