


2-23-98 B-2418 C  
FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N00671 (0)</b> 1. Corporation Name <b>MARTIN AND ST. LUCIE COUNTY ALLIANCE FOR MENTALLY ILL, INC.</b>			
Principal Place of Business <b>2454 NE DIXIE HWY JENSEN BEACH FL 34957</b>		Mailing Address <b>P.O. BOX 1082 STUART FL 34995 US</b>	



21. Principal Place of Business Suite, Apt. #, etc.		22. Mailing Address Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/29/1983</b>	
23. City & State		24. City & State		4. FEI Number <b>59-2444160</b>	
25. Zip		26. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Fee Required</b>	
27. Zip		28. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29. Zip		30. Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Zip		32. Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JEANNE P RALICKI 729 COLORADO AVENUE STUART FL 34994</b>				10. Name and Address of New Registered Agent	
81. Name <b>ED GROSS</b>				82. Street Address (P.O. Box Number is Not Acceptable) <b>1041 SE MONTEREY Rd. B-19</b>	
83. City <b>STUART</b>				84. Zip Code <b>FL 34994</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 <b>Ed Gross</b> Signature, typed or printed name of registered agent and title if applicable				2-10-98 DATE	

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	SCOBORIA, MARGARET	900 EAST OCEAN BLVD, SUITE 232	STUART FL		SEIFERT, ELISABETH	333 SW TULIP BLVD	PORT ST. LUCIE, FL. 34953
	VP	BEASLEY, CAROL	3864 SE OLD ST LUCIE BLVD		VP	BARBARA O'BRIEN	9940 OCEAN BLVD #603
	D	KVIKOSKI, URHO	12863 SE INDIAN RIVER DRIVE		S	ANITA LIPACK	16418 SW TROPIC WOOD WAY
	D	HILL, NANCY	1565 SE ST LUCIE BLVD		D	ROBERT ROSE	1450 SE BREWSTER PL.
	D	BRAKEL, BARBARA	1033 EAST 10 ST		D	WILLIAM BOLL	10979 WETLAND WAY
	P	RALICKI, JEANNE P	P.O. BOX 2025		D	PETER STEELMAN	1061 SE MONTEREY Rd. D-30
			STUART FL				STUART, FL. 34994

14. I 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: ELISABETH SEIFERT 1-11-98 FL 34953

CR2E037 (10/97)