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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00671**

1. Corporation Name

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

364008 - 90193 - 27

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

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	3. Date Incorporated or Qualified 12/29/1983 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

9. Name and Address of Current Registered Agent

GROSS, ED
1041 S E MONTEREY RD B19
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: TAYLOR, JOHN, [redacted]
82 Street Address (P.O. Box Number is Not Acceptable): 3670 SW WHISPERING SOUND DR
83
84 City: PALM CITY FL 85 Zip Code: 34990

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: John W. Taylor JOHN W. TAYLOR PRESIDENT 4/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	SEIFERT, ELISABETH		1.2 NAME	RANEY, JOHN	
STREET ADDRESS	333 SW TULIP BLVD		1.3 STREET ADDRESS	13053 SE COG HILL CT.	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	VP	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	O'BRIEN, BARBARA		2.2 NAME		
STREET ADDRESS	9940 OCEANA BLVD #603		2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIPACK, ANITA		3.2 NAME		
STREET ADDRESS	16418 S W TWO WOOD WY		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ROSE, ROBERT		4.2 NAME	BEASLEY, CAROLE	
STREET ADDRESS	1450 SE BREWSTER PL		4.3 STREET ADDRESS	3864 SE OLD ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART FL 34997		4.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	BOLL, WILLIAM		5.2 NAME	TAYLOR, MARGARET	
STREET ADDRESS	10979 WETLAND WY		5.3 STREET ADDRESS	1950 PALM CITY RD. APT. 1-104	
CITY-ST-ZIP	JENSEN BEACH FL 34957		5.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	☒ DELETE	6.1 TITLE	P	☐ Change ☒ Addition
NAME	STEELMAN, PETER		6.2 NAME	TAYLOR, JOHN W.	
STREET ADDRESS	1061 SE MONTEREY RD D 30		6.3 STREET ADDRESS	3670 S.W. WHISPERING SOUND DR.	
CITY-ST-ZIP	STUART FL 34994		6.4 CITY-ST-ZIP	PALM CITY, FL 34990	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [redacted] REQUIRED 3/25/99 561 781-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN W. TAYLOR, PRESIDENT