FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 JAN 27 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05525 (3)

1. Corporation Name

ALLIANCE FOR THE MENTALLY ILL, OF SARASOTA COUNTY, INC.

Principal Place of Business	Mailing Address
1750 17TH AVENUE SARASOTA FL 34234	1750 17TH AVENUE SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1984
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2464505 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARLER, MARION
3265 CROSS CREEK DRIVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: FRANK ESCOBAR
82 Street Address (P.O. Box Number is Not Acceptable): 3731 INDIAN BEACH PLACE
83
84 City: SARASOTA FL 85 Zip Code: 34234

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: F M Escobar PRESIDENT 1-19-95
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	PD	1.1 TITLE	PRESIDENT/D	☒ Change ☐ Addition
NAME	MARLER, MARION	1.2 NAME	FRANK ESCOBAR	
STREET ADDRESS	3265 CROSS CREEK DRIVE	1.3 STREET ADDRESS	3731 INDIAN BEACH PLACE	
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	VD	2.1 TITLE	VICE-PRESIDENT/D	☒ Change ☐ Addition
NAME	KAYE, CHARLES	2.2 NAME	CAROLE CHANDLEY	
STREET ADDRESS	3851 ALLENWOOD STREET	2.3 STREET ADDRESS	3084 SPIREA	
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	TD	3.1 TITLE	TREASURER/D	☒ Change ☐ Addition
NAME	HUSACK, ANITA	3.2 NAME	MARY JEFFREY	
STREET ADDRESS	6714 ROXBURY DR	3.3 STREET ADDRESS	978 LAKESIDE CT	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2-1-95 Per Conversation W/Frank Escobar	
TITLE		5.1 TITLE	All 3 Officers are Directors also!	☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 1-31-95	

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)(i), Florida Statutes. I further certify that the information indicated on this 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: F M Escobar PRESIDENT 1-19-95 (813) 351-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018372