

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 # N05525 (3)

1. Corporation Name

ALLIANCE FOR THE MENTALLY ILL OF SARASOTA COUNTY, INC.

Principal Place of Business

**1750 17TH AVENUE
SARASOTA FL 34234**

Mailing Address

**1750 17TH AVENUE
SARASOTA FL 34234**



3. Date Incorporated or Qualified

10/08/1984

3a. Date of Last Report

01/27/1995

4. FEI Number

59-2464505

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESCOBAR, FRANK
3731 INDIAN BEACH PLACE
SARASOTA FL 34234**

81 Name

ESCOBAR, FRANK

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

1655 STONE RIDGE TERRACE

83

84 City

SARASOTA

FL

85 Zip Code

34232

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

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 ☐ DELETE

NAME **PD
ESCOBAR, FRANK**
STREET ADDRESS **3731 INDIAN BEACH PLACE**
CITY-ST-ZIP **SARASOTA FL 34234**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **1655 STONE RIDGE TERRACE**
1.3 STREET ADDRESS **SARASOTA FL 34232**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD
CHANDLEY, CAROLE**
STREET ADDRESS **3084 SPIREA**
CITY-ST-ZIP **SARASOTA FL 34231**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TD
JEFFREY, MARY**
STREET ADDRESS **978 LAKESIDE CT.**
CITY-ST-ZIP **VENICE FL 34293**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

1/30/96

941-379-3717

CR2E037 (12/95)