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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 COUNT Y, INC.

Principal Place of Business	Mailing Address
ALLIANCE FOR THE MENTALLY ILL OF SARASOTA COUNTY BOX 143 1532 U.S. 41, BY-PASS SOUTH VENICE, FL. 34293-1032	ALLIANCE FOR THE MENTALLY ILL OF SARASOTA COUNTY BOX 143 1532 U.S. 41, BY-PASS SOUTH VENICE, FL. 34293-1032
1532 U.S. 41, BY-PASS SOUTH VENICE, FL. 34293-1032	1532 U.S. 41, BY-PASS SOUTH VENICE, FL. 34293-1032
Zip (24)	Country (25)
Zip (29)	Country (30)

Date Incorporated or Qualified: 10/08/1984
3a. Date of Last Report: 02/07/1996
FEI Number: 59-2464505 ☑ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ **$8.75** Additional Fee Required
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

ESCOBAR, FRANK
1655 STONE RIDGE TERRACE
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name: Liz Jones
82 Street Address (P.O. Box Number is Not Acceptable): 2590 Flower Rd
83
84 City: Venice FL 85 Zip Code: 34293

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: Liz Jones Liz Jones President PD 4/25/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESCOBAR, FRANK 1655 STONE RIDGE TERRACE SARASOTA FL	■ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/D Liz Jones 2590 Flower Rd Venice, FL 34293 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHANDLEY, CAROLE 3084 SPIREA SARASOTA FL 34231	■ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STEVIE ARMSTRONG V. President/D 5809 BRIARWOOD AVE Treasurer SARASOTA, FL. 34231 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JEFFREY, MARY 978 LAKESIDE CT. VENICE FL 34293	■ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	BUNNY COELINGH Secretary/D 3450 HAMILTON AVE SARASOTA, FL. 34242 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

/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: Liz Jones SIGNATURE REQUIRED 4/5/97 941-493-5018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0063141