NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90083 003 ****70.00

DOCUMENT # NATIONAL Alliance For The Mentally Ill of Sarasota Cty N05525

1. Entity Name

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2100 Constitution Blvd	2590 Flower Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Fl	City & State: Venice, Fl
Zip: 34231 Country: SARASOTA	Zip: 34293 Country: SARASOTA

4. FEI Number: 59-2464505 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Liz Jones

Street Address (P.O. Box Number is Not Acceptable): 2590 Flower Rd

City: Venice FL Zip Code: 34293

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Liz Jones Liz Jones 4/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Liz Jones 2590 Flower Rd Venice, Fl 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Steve Armstrong 5809 Briarwood Ave Sarasota, Fl 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Ronald Kramarz 552 Westmount Lane Venice, Fl 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Liz Jones Liz Jones President 4/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #