2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N05525 1. Entity Name 04-19-2004 90405 017 ****70.00 NATIONAL ALLIANCE FOR THE MENTALLY ILL OF SARASOTA COUNTY, INC. Principal Place of Business Mailing Address 2100 CONSTITUTION BLVD 2100 CONSTITUTION BLVD SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address SAME Same Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 105 105 City & State City & State 4. FEI Number Applied For 59-2464505 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAMARZ, RONALD J Address (P.O. Box Number is Not Acceptable) 552 WESTMOUNT LN VENICE FL 34293 FR ASOTA Zip Code 34231 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE open or printed name of registered agent and fitte if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE DALE GARDENS Troil **TUX. DALE** NAME NAME 2110 PINE GARDENS TRL 2110 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 SARASOTA FL. 34231 CITY-ST-2IP CITY-ST-ZIP CONNIE HALL Delete TITLE TITLE KRAMARZ, RONALD J 3344 KENMORE NAME NAME 552 WESTMOUNT LN STREET ADDRESS STREET ADDRESS SARASOTA FloriDD 34231 VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP V, ZADDA TAMMY Change PAddition **M** Delete TITLE TITLE ELLIOTT, JOHN NAME NAME 3539 65TH AVE CIR E STREET ADDRESS STREET ADDRESS SAMASOTA FloriDA 34242 SARASOTA FL 34243 CITY-ST-7IP CITY-ST-ZIP SD Change Addition TITI F TITLE ☐ Delete FONE JOYCE Circle TONE, JOYCE NAME NAME 3830 MALEC CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP CAY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ппе NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7iP

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 Block 11 if

residen s

ith an address, with all other like empowered.

SIGNATURE:

FILED

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