2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2005 8:00 am Secretary of State DOCUMENT # N05525 1. Entity Name 05-02-2005 90444 050 ****61.25 NATIONAL ALLIANCE FOR THE MENTALLY ILL OF SARASOTA COUNTY, INC. Mailing Address Principal Place of Business 2100 CONSTITUTION BLVD, #105 SARASOTA FL 34231 2100 CONSTITUTION BLVD, #105 SARASOTA FL 34231 2. Principal Place of Business Mailing Address 1750 766 Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2464505 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL, CONNIE 3344 KENMORE DRIVE SARASOTA FL 34231 C 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. the obligations of registered agent. Reasurer) h a R o N SIGNATURE (NOTE Registered Agent signature required when reinstating) ature, lyped or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Change ☐ Addition Delete LUX, DALE NAME NAME 2110 PINE GARDENS TRL STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition HALL, CONNIE NAME NAME 3344 KENMORE DR. STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition ZAPPA, TAMMY NAME 425 AVENIDA DEL NORTE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34242 CITY+S1-7IP TITLE ☐ Delete TITLE ☐ Addition VICE President TONE, JOYCE NAME NAME Cathy Duquette 354 W. Cornelius Cir. 3830 MALEC CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP CITY-ST-ZIP Sarasota, PC 34236 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in the receiver of the corporation or the receiver of the corporation of the receiver of the corporation of the receiver of the re changed, or on an attachment w

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