2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# N05525

Entity Name: NATIONAL ALLIANCE FOR THE MENTALLY ILL OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

1750 17TH ST A
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

1750 17TH ST A
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 59-2464505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, SHARON
429 MEADOW LARK DR
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: SMITH, SHARON
Address: 429 MEADOW LARK DR
City-St-Zip: SARASOTA, FL 34231

Title: P ( ) Delete
Name: ZAPPA, TAMMY
Address: 2507 ROBINSON AVE
City-St-Zip: SARASOTA, FL 34232

Title: S ( ) Delete
Name: TONE, JOYCE
Address: 3830 MALEC CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: V ( ) Delete
Name: DUQUETTE, CATHY
Address: 354 W CORNELIUS CIRCLE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: SMITH, SHARON
Address: 429 MEADOW LARK DR
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON E. SMITH T 02/21/2006

Electronic Signature of Signing Officer or Director — Date