

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05525

FILED
Apr 26, 2012
Secretary of State

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

Current Principal Place of Business:

1532 U.S. 41 BY-PASS-SOUTH
#146
VENICE, FL 34293 US

New Principal Place of Business:

1661 RINGLING BLVD.
#1741
SARASOTA, FL 34230 US

Current Mailing Address:

1532 U.S. 41 BY-PASS-SOUTH
#146
VENICE, FL 34293 US

New Mailing Address:

1661 RINGLING BLVD.
#1741
SARASOTA, FL 34230 US

FEI Number: 59-2464505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASHION, GERALD A
1007 PRINCESS LANE
VENICE, FL 34293 US

Name and Address of New Registered Agent:

SMITH, JAMIE M
8043 COOPER CREEK BLVD.
#107
UNIVERSITY PARK, FL 34201 US

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: JAMIE M. SMITH

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMITH, JAMIE M
Address: 8043 COOPER CREEK BLVD. #107
City-St-Zip: UNIVERSITY PARK, FL 34201 US

Title: V
Name: BASSI, ALLISON
Address: 4613 N. WASHINGTON BLVD.
City-St-Zip: SARASOTA, FL 34234

Title: S
Name: THIERRY, LYNN
Address: 816 ORMOND ST.
City-St-Zip: VENICE, FL 34285

Title: T
Name: HAUCK, MARLENE
Address: 7325 MEADOWBROOK DR.
City-St-Zip: SARASOTA, FL 34243 US

Title: D
Name: ARCHANGELI, JENNIFER
Address: 1888 BROTHER GEENEN WAY
City-St-Zip: SARASOTA, FL 34236 US

Title: D
Name: ELKES, LYNN
Address: 1661 RINGLING BLVD. #1741
City-St-Zip: SARASOTA, FL 34230

I hereby 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 all other like empowered.

SIGNATURE: LYNN THIERRY

S

04/26/2012

Electronic Signature of Signing Officer or Director

Date