2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90101 028 ****61.25

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01172005 Chg-NP CR2E037 (10/03)

DOCUMENT # N09520

1. Entity Name
NAMI/LAKE/SUMTER/FLORIDA ALLIANCE FOR THE MENTALLY ILL, INC.

Principal Place of Business	Mailing Address
LIFE STREAM ACADEMY 2020 TALLY RD LEESBURG, FL 34748 US	PO BOX 493241 LEESBURG, FL 34749-0241

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2566527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NICHOLSON, MARGARET 6201 TOSAIL RD. LADY LAKE, FL 32159	Name: Jeanette MANESIS Street Address (P.O. Box Number is Not Acceptable): 33417 Pennbrooke PARKWAY City: Leesburg FL Zip Code: 34748

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: Jeanette MANESIS Jeanette Manesis - Treasurer 4-1-05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEDGECOOK, CLAIRE 5445 E HARBOR DRIVE FRUITLAND PARK, FL 347316009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIAN JOY P.O. BOX 153 ASTATULA, FL. 34705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NICHOLSON, MARGARET 6201 TOPSAIL RD. LADY LAKE, FL 32159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLAIRE HEDGCOCK 5445 E. HARBOR DR. FRUITLAND PARK FL. 347316009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIGGS, KATONIA 34042 MEADOW LANE LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JEANETTE R. MANESIS 33417 PENNBROOKE PKWY, LEESBURG, FL. 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIS, DODIE 1003 N. VALENCIA AVE. HOWIE IN THE HILLS, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARBARA ROSNER 17700 SE 92ND GRANTHAM TERR, THE VILLAGES, FL. 32162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanette Manesis Jeanette MANESIS 4-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #