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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:41

DOCUMENT # N13465 (2)

1. Corporation Name
ALLIANCE FOR THE MENTALLY ILL OF GREATER ORLANDO , INC.

Principal Place of Business	Mailing Address
407 LAKE HOWELL RD MAITLAND FL 32751 US	PO BOX 234 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1986
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2600149 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 407 LAKE HOWELL RD	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MAITLAND FL 32751	28 City & State: SAME
24 Zip: 32751 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

PURCELL, ANN F.
828 TUSCARORA TRAIL
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE V. Pr	☐ Change ☐ Addition
NAME	MALKOWSKI, STEVE	1.2 NAME	
STREET ADDRESS	P.O. BOX 585692	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHUBERT, LEE	2.2 NAME	
STREET ADDRESS	1260 SARA COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE TREAS	☐ Change ☐ Addition
NAME	BERK, ALBERT L.	3.2 NAME	ALBERT L. BERK
STREET ADDRESS	385 W. LAKE FAITH DR.	3.3 STREET ADDRESS	385 W. LAKE FAITH DR
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	S	4.1 TITLE SEC'Y	☐ Change ☐ Addition
NAME	HAYMAN, GLORIA (MRS)	4.2 NAME	MRS GLORIA HAYMAN
STREET ADDRESS	500 ROYAL PALM COURT	4.3 STREET ADDRESS	500 ROYAL PALM COURT
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	LONGWOOD FL
TITLE	P	5.1 TITLE PRES	☐ Change ☐ Addition
NAME	SCHUBERT, MARTHA	5.2 NAME	MARTHA SCHUBERT PRES & DIR
STREET ADDRESS	1260 SARA COURT	5.3 STREET ADDRESS	1260 SARA COURT
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	WINTER PARK FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert S. Berk (ALBERT L. BERK) 1/25/95 407-628-1866
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #