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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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 SUITE 123 MAITLAND FL 32751 US	407 LAKE HOWELL RD SUITE 123 MAITLAND FL 32751 US

3. Date Incorporated or Qualified: 01/22/1986

4. FEI Number: 59-2600149 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PURCELL, ANN F. 828 TUSCARORA TRAIL MAITLAND FL 32751	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 617.0502 and 617.1508, 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 617.0503, 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	☑ DELETE	1.1 TITLE	VP	☑ Change ☐ Addition
NAME	MALKOWSKI, STEVE		1.2 NAME	DEE HORA	
STREET ADDRESS	2803 CASTLE OAK AVE		1.3 STREET ADDRESS	3524 LAKE HARNEY CIRCLE	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	GENEVA, FL 32732	
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	BLAKELY, GAYLE		2.2 NAME	JULAINE SIEGEL	
STREET ADDRESS	1714 SINGING PALM DR		2.3 STREET ADDRESS	856 MELLOWOOD AVENUE	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRIER, HARRY S		3.2 NAME		
STREET ADDRESS	1500 GAY RD #220		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAYMAN, GLORIA (MRS)		4.2 NAME		
STREET ADDRESS	500 ROYAL PALM COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	5.1 TITLE	PD	☑ Change ☐ Addition
NAME	SCHUBERT, MARTHA		5.2 NAME	GAYLE BLAKELY	
STREET ADDRESS	1260 SARA COURT		5.3 STREET ADDRESS	1714 SINGING PALM DRIVE	
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Gayle Blakely GAYLE BLAKELY 4/28/98 (407)880-6260