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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N17703 (2)

1. Corporation Name
KEY WEST ALLIANCE FOR THE MENTALLY ILL, INC.

Principal Place of Business
1800 Atlantic Blvd. A-203
~~1206 PINE STREET~~ (33040)
PO BOX 5771
KEY WEST FL 33040

Mailing Address
1800 Atlantic Blvd, A-203
~~1206 PINE STREET~~ (33040)
PO BOX 5771
KEY WEST FL 33040-7241

3. Date Incorporated or Qualified: 11/01/1986
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business
21: 1800 Atlantic Blvd
22 Suite, Apt. #, etc: A-203 P.O. Box 5771
23 City & State: Key West FL
24 Zip: 33040 25 Country: USA

2a. Mailing Address
26: 1800 Atlantic Blvd A-203
27 Suite, Apt. #, etc: P.O. Box 5771
28 City & State: Key West FL
29 Zip: 33040 30 Country: USA

4. FEI Number: 59-2817825 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRABOIS, MITCHELL A.
~~1206 PINE STREET~~ 1800 Atlantic Blvd A-203
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: Grabois, Mitchell A.
82 Street Address (P.O. Box Number is Not Acceptable): 1800 Atlantic Blvd A-203
83
84 City: Key West FL 85 Zip Code: 33040

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 duties and responsibilities of section 617.0503, Florida Statutes.

SIGNATURE: [signature] error Mgb [signature] DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESPINOLA, EVELYN 7-F PORTER PLACE KEY WEST FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKLIN, GERRY 1300 ASHBY ST KEY WEST FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGDALE, ELIZABETH 1215 WHITEHEAD ST KEY WEST FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRABOIS, MITCHELL ~~1206 PINE STREET~~ 1800 Atlantic Blvd A-203 KEY WEST FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	1800 Atlantic Blvd A 203 Key West, FL 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGILL, MARY SUNSET HARBOR 5031 FIFTH AVE., B18 KEY WEST FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: [signature] X x89
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97
Date

305 296 9081
Daytime Phone #

0024636