

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:06

DOCUMENT # **N34079** (6)
1. Corporation Name
TALLAHASSEE ALLIANCE FOR THE MENTALLY ILL, INC.

Principal Place of Business Mailing Address
%FAYE L. BARNETTE
2024 DOOMAR DRIVE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/05/1989** 3a. Date of Last Report **04/11/1994**
4. FEI Number **59-2967900** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 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. 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. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETTE, FAYE L.
2024 DOOMAR DRIVE
TALLAHASSEE FL 32308

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

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	BARNETTE, FAYE
STREET ADDRESS	2024 DOOMAR DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD
NAME	MCCULLOUGH, KATHRYN
STREET ADDRESS	275 JOHN KNOX RD.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PD
NAME	ARNOLD, BETTIE S.
STREET ADDRESS	1498 VERNON COURT
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	TD
NAME	BARNETTE, BOB
STREET ADDRESS	2024 DOOMAR DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LIVINGSTON, MIMI
1.3 STREET ADDRESS	4823 BRADFORDVILLE RD.
1.4 CITY-ST-ZIP	TALLAHASSEE, FL
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARNETTE, FAYE
2.3 STREET ADDRESS	2024 DOOMAR DR.
2.4 CITY-ST-ZIP	TALLAHASSEE, FL
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOWELL, SYLVIA
3.3 STREET ADDRESS	2423 OAKDALE ST.
3.4 CITY-ST-ZIP	TALLAHASSEE, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Barnette **Bob Barnette** 3/17/95 **(904) 877-1625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #