

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **09/05/1989** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2967900	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	Country	29	Country			

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVINGSTON, MIMI			1.2 NAME			
STREET ADDRESS	4823 BRADFORDVILLE RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARNETTE, FAYE			2.2 NAME	Douglas, Linda		
STREET ADDRESS	2024 DOOMAR DR			2.3 STREET ADDRESS	2950 Giverny Circle		
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP	Tallahassee, FL		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, SYLVIA			3.2 NAME			
STREET ADDRESS	2423 OAKDALE ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETTE, BOB			4.2 NAME			
STREET ADDRESS	2024 DOOMAR DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: Bob Barnette **Bob Barnette** February 27, 1996 644-4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)