

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34079 (6)**  
1. Corporation Name  
**TALLAHASSEE ALLIANCE FOR THE MENTALLY ILL, INC.**



Principal Place of Business <b>WFAYE L. BARNETTE 2024 DOOMAR DRIVE TALLAHASSEE FL 32308</b>	Mailing Address <b>WFAYE L. BARNETTE 2024 DOOMAR DRIVE TALLAHASSEE FL 32308</b>
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3. Date Incorporated or Qualified  
**09/05/1989**

4. FEI Number  
**59-2967900**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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**

**BARNETTE, FAYE L.  
2024 DOOMAR DRIVE  
TALLAHASSEE FL 32308**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LIVINGSTON, MIMI</b>		1.2 NAME	
STREET ADDRESS <b>4823 BRADFORDVILLE RD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HALEY, GEORGIA</b>		2.2 NAME	
STREET ADDRESS <b>108 WEST 7TH AVE. APT 9</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARNETTE, BOB</b>		3.2 NAME	
STREET ADDRESS <b>2024 DOOMAR DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BARNETTE, FAYE</b>		4.2 NAME <b>Carmichael, Larry</b>	
STREET ADDRESS <b>2024 DOOMAR DRIVE</b>		4.3 STREET ADDRESS <b>1407 Devils Dip</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		4.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>2ndVPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Arnold, Bettie</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>1496 Vernon Court</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Tallahassee, FL 32311</b>	
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 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: *Bob Barnette* **RE Bob Barnette March 30, 1998 644-4559**

CR2E037 (10/97)