

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N34079 1. Corporation Name

NATIONAL ALLIANCE FOR THE MENTALLY ILL-TALLAHASS EE, INC.

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

Mailing Address

%FAYE L. BARNETTE 2024 DOOMAR DRIVE TALLAHASSEE FL 32308

FILED Mar 09, 1999 8:00 am \$ Secretary of State

03-09-1999 90134 028 ****61.25



2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			09/05/1989			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 50-2067000	— — — —	olied For	
22		27			59-2967900		Applicable	
City & Stat	е	City & State			5. Certificate of Status Desired	\$8.75 A Fee Rec	L	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25 29 3		0		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	\gent		
			81	Name				
BARNETTE, FAYE L.				82 Street Address (P.O. Box Number is Not Acceptable)				
2024 DOOMAR DRIVE			-					
TALLAHASSEE FL 32308			83	83				
I ALLENI IAC	DOLL I E GEORG		<u> </u>		<u> </u>	85 Zip C	nds.	
			84	City	FL.	85 Zip C	,000	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the purpose of	changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was auth	iorized by	the corpo	oration's board of directors. I hereby accept the appoin	itment as reg	jistered	
SIGNATURE	Classical and a sixted and a second account	and title if applicable (NOTE: Re	nistered Ano	ni sidnature m	equired when reinstating) DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE		PD	☐ Change	Addition	
NAME	LIVINGSTON. MIMI		1.2 NAME		Greenburg, David			
STREET ADDRESS	4000 004DE0DDIWLE DD	l		TADDRESS	501 Blairstone Rd. #220	3	}	
	TALLAHASSEE FL		1.4 CITY-S		Tallahassee, FL 32301	-		
CITY-ST-ZIP	SD	X DELETE	2.1 TITLE	11.21	SD SD	☐ Change	Addition Addition Addition Addition	
		<u>C</u>	2.2 NAME		Brown, Patricia	-		
NAME	HALEY, GEORGIA				3504 Sharer Rd.		-	
STREET ADDRESS				TADORESS	Tallahassee, FL 32312		.	
CITY-ST-ZIP	TALLAHASSEE FL	□ DELETE	2.4 C/TY-1	ST-ZIP	tarianassee, in 52512	☐ Change	Addition	
TTTLE	TD	□ bere≀e		1		criange		
NAME .	BARNETTE, BOB		3.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	771000 1 17700 10		3.4. CITY-	ST-ZIP	VPD	Change	⊠ Addition	
TITLE	——————————————————————————————————————		1.7 (1)		Floyd, Wendy	□ change	(a) nadiaon	
NAME	Oralialora CE, Oralia						-	
STREET ADDRESS	1.01 52 1.25 5.1		4.3 STREET ADDRESS IN		Rt.5, Box 5285			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	Monticello, FL 32344	Chees	Addition	
TITLE			5.1 TITLE			Change	☐ Addition	
NAME	ARNOLD, BETTIE		5.2 NAME		·			
STREET ADDRESS			E .	T ADDRESS			}	
CITY-ST-ZIP	TALLAHASSEE FL 32311		5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME			·		
STREET ADDRESS	}		8.3 STREE	T ADDRESS			}	
			_		1		,	

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 suppliemental 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, with all other like empowered.

SIGNATURE:

March 2, 1999

850-644-4559