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NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N34079

1. Corporation Name
NATIONAL ALLIANCE FOR THE MENTALLY ILL-TALLAHASSEE, INC.

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



2. Principal Place of Business
2a. Mailing Address
3. Date Incorporated or Qualified
4. FEI Number
5. Certificate of Status Desired
6. Election Campaign Financing

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

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.

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like LIVINGSTON, MIMI; HALEY, GEORGIA; BARNETTE, BOB; CARMICHAEL, LARRY; ARNOLD, BETTIE; Greenburg, David; Brown, Patricia; Floyd, Wendy.

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, with all other like empowered.

SIGNATURE: Bob Barnette March 2, 1999 850-644-4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)