

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90011 011 ****61.25

0000855

DOCUMENT # N34079
 1. Entity Name
NATIONAL ALLIANCE FOR THE MENTALLY ILL-TALLAHASS

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

921541



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | |
|---|---|--|
| 4. FEI Number 59-2967900 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent
**BARNETTE, FAYE L
 2024 DOOMAR DRIVE
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME PD LIVINGSTON, MIMI STREET ADDRESS 4823 BRADFORDVILLE RD CITY-ST-ZIP TALLAHASSEE FL 32308 | <input type="checkbox"/> Delete |
| TITLE NAME SD BROWN, PATRICIA STREET ADDRESS 3504 SHARER RD CITY-ST-ZIP TALLAHASSEE FL 32312 | <input type="checkbox"/> Delete |
| TITLE NAME TD BARNETTE, BOB STREET ADDRESS 2024 DOOMAR DR CITY-ST-ZIP TALLAHASSEE FL | <input type="checkbox"/> Delete |
| TITLE NAME VPD BRAZZELL, JOHN STREET ADDRESS 1652 SNOWBALL WALL CITY-ST-ZIP TALLAHASSEE FL 32301 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME VPD STEPHENS, RICHARD STREET ADDRESS 3548 TRILLIUM CT. CITY-ST-ZIP TALLAHASSEE, FL 32312 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Barnett 2/16/01 850-644-4569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)