

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90024 020 ****61.25

DOCUMENT # N34079

1. Entity Name

NATIONAL ALLIANCE FOR THE MENTALLY ILL-TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

%FAYE L. BARNETTE
 2024 DOOMAR DRIVE
 TALLAHASSEE FL 32308

%FAYE L. BARNETTE
 2024 DOOMAR DRIVE
 TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2967900

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETTE, FAYE L.
2024 DOOMAR DRIVE
TALLAHASSEE FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD LIVINGSTON, MIMI**
 STREET ADDRESS **4823 BRADFORDVILLE RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD BROWN, PATRICIA**
 STREET ADDRESS **3504 SHARER RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
 NAME **SD Sims, Victorian**
 STREET ADDRESS **3100 Adkins Forest Lane**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE Delete
 NAME **TD BARNETTE, BOB**
 STREET ADDRESS **2024 DOOMAR DR**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD STEPHENS, RICHARD**
 STREET ADDRESS **3548 TRILLIUM CT.**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
 NAME **VPD Brazzell, John**
 STREET ADDRESS **1652 Snowball Way**
 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Barnette* Treasurer **Bob Barnette** 3/6/02 850-644-4659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)