


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90288 033 ****61.25

DOCUMENT # N34079					
1. Entity Name NATIONAL ALLIANCE FOR THE MENTALLY ILL-TALLAHASSEE, 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		
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 Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, MIMI		NAME	Reynolds, Ron	
STREET ADDRESS	4823 BRADFORDVILLE RD		STREET ADDRESS	4903 Planters Ridge Rd.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, VICTORIA		NAME	Brown, Patricia	
STREET ADDRESS	3100 ADKINS FOREST LANE		STREET ADDRESS	3504 Sharer Rd.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETTE, BOB		NAME		
STREET ADDRESS	2024 DOOMAR DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, RON		NAME	Coxen, Dayle	
STREET ADDRESS	4903 PLANTERS RIDGES DR.		STREET ADDRESS	110 Gilcrease Lane	
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	Quincy, FL 32351	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COXEN, DAYLE		NAME	Knowles, Douglas	
STREET ADDRESS	110 GILCREASE LANE		STREET ADDRESS	6588 Montrose Trail	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Bob Barnette</i>		Bob Barnette		4/16/04 (850) 877-1625	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	