FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:23

DOCUMENT # N47911 (5).

1. Corporation Name

RAINBOW ALLIANCE FOR THE MENTALLY ILL OF SOUTH B REVARD, INC.

Principal Place of Business	Mailing Address
2175 N. A1A INDIALANTIC FL 32903	2175 N. A1A INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1992
3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-3138846 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 3673 Mary Lou Lane	2a. Mailing Address 26 3673 Mary Lou Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melbourne FL	City & State 28 Melbourne FL
Zip / Country 24 32934 / 25 Brevard	Zip / Country 29 32934 / 30 Brevard

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition PD
NAME	WATERS, CAROL	1.2 NAME	Patricia Ryland
STREET ADDRESS	2175 N. A1A	1.3 STREET ADDRESS	3673 Mary Lou Lane
CITY-ST-ZIP	INDIALANTIC FL 32903	1.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	FD	2.1 TITLE	☐ Change ☐ Addition VD
NAME	SPYVEY, WILLIAM G.	2.2 NAME	Jo Ella Roebuch
STREET ADDRESS	1430 TAURUS CT.	2.3 STREET ADDRESS	PO Box 3559 N/A
CITY-ST-ZIP	MERRITT ISLAND FL 32953	2.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition VD
NAME	ROEBUCK, JO ELLA	3.2 NAME	Robert Ryland
STREET ADDRESS	P.O. BOX 3559 N/A D	3.3 STREET ADDRESS	3673 Mary Lou Lane
CITY-ST-ZIP	INDIALANTIC FL 32903	3.4 CITY-ST-ZIP	Melbourne FL 32934
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition TD
NAME	WORK, KAREN	4.2 NAME	Jack Fannin
STREET ADDRESS	733 FORTH RD. N.W.	4.3 STREET ADDRESS	175 Memory Lane NE
CITY-ST-ZIP	PALM BAY FL 32907	4.4 CITY-ST-ZIP	Palm Bay FL 32907
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition SD
NAME	MCCLARY, CAROLYN	5.2 NAME	Carolyn McClary
STREET ADDRESS	2681 FOUNTAINHEAD BLVD.	5.3 STREET ADDRESS	2681 Fountainhead Blvd.
CITY-ST-ZIP	MELBOURNE FL 32935	5.4 CITY-ST-ZIP	Melbourne FL 32935
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

RESIGNED 6/97 [illegible] D

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jack R Fannin 4/24/95 407 723 5691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK R. FANNIN

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