

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47911 (5)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**3673 MARY LOU LANE
MELBOURNE FL 32934
US**

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MELBOURNE FL 32934
US**

3. Date Incorporated or Qualified
03/12/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1214 Banana River DR

26 1214 Banana River DR

4. FEI Number

59-3138846

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Indian Harbour Beach

28 Indian Harbour Beach

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 FL 32937

25 Brevard

Zip

Country

29 FL 32937

30 Brevard

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (If P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **RYLAND, PATRICIA**
STREET ADDRESS **3673 MARY LOU LANE**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **LOPEZ, LOTTE**
1.3 STREET ADDRESS **1214 BANANA RIVER DR**
1.4 CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE **VD** ☒ DELETE
NAME **ROEBUCH, JO ELLA**
STREET ADDRESS **P O BOX 3559**
CITY-ST-ZIP **INDIALANTIC FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **WATERS, CAROL**
2.3 STREET ADDRESS **2175 NORTH A1A**
2.4 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **VD** ☒ DELETE
NAME **RYLAND, ROBERT**
STREET ADDRESS **3673 MARY LOU LANE**
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **FANNIN, JACK**
STREET ADDRESS **175 MEMORY LANE NE**
CITY-ST-ZIP **PALM BAY FL**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **PHILOMENA M. WEST**
4.3 STREET ADDRESS **423 ATLANTIS DR**
4.4 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **SD** ☒ DELETE
NAME **MCCLARY, CAROLYN**
STREET ADDRESS **2681 FOUNTAINHEAD BLVD**
CITY-ST-ZIP **MELBOURNE FL**

5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME **MCPHADEN**
5.3 STREET ADDRESS **301 WEST AMHERST AVE**
5.4 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Lotte Lopez **Lotte Lopez, Pres.** 4/14/96 407-773-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
480-8193

CR2E037 (12/95)