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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 REVARD, INC.

Principal Place of Business	Mailing Address
1214 BANANA RIVER DR INDIAN HARBOR BEACH FL 32937 US	1214 BANANA RIVER DR INDIAN HARBOR BEACH FL 32937-4105 US

3. Date Incorporated or Qualified: **03/12/1992**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-3138846** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Lotte Lopez
82 Street Address (P.O. Box Number is Not Acceptable): 1214 Banana River dr
83: Indian Harbour Beach
84 City: FL 85 Zip Code: 32937

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: Lotte Lopez Lotte Lopez Pres. 5/21/97
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	1.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, LOTTE		1.2 NAME	Lopez	
STREET ADDRESS	1214 BANANA RIVER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WATERS, CAROL		2.2 NAME		
STREET ADDRESS	2175 NORTH A1A		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PHILOMENA M. WEST		3.2 NAME		
STREET ADDRESS	423 ATLANTIS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	MCPHADEN		4.2 NAME	Carole Ray	
STREET ADDRESS	301 WEST AMHERST AVE		4.3 STREET ADDRESS	695 Poinsettia 12	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	Donald Ray	
STREET ADDRESS			5.3 STREET ADDRESS	695 Poinsettia 12	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 4/20/97 407 773-1579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #