

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90040 049 ****61.25

DOCUMENT # N47911

1. Corporation Name

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

Principal Place of Business

1214 BANANA RIVER DR
INDIAN HARBOR BEACH FL 32937
US

Mailing Address

1214 BANANA RIVER DR
INDIAN HARBOR BEACH FL 32937
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/12/1992

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

9. Name and Address of Current Registered Agent

LOPEZ, LOTTE
1214 BANANA RIVER DR
SUITE 505
INDIAN HARBOUR BEACH FL 32937

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 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 ☐ DELETE

TITLE PD
NAME LOPEZ, LOTTE
STREET ADDRESS 1214 BANANA RIVER DR
CITY-ST-ZIP INDIAN HARBOR BEACH FL

TITLE VD ☐ DELETE

NAME WATERS, CAROL
STREET ADDRESS 2175 NORTH 11A
CITY-ST-ZIP INDIAN HARBOR BEACH FL

TITLE TD ☐ DELETE

NAME PHILOMENA M. WEST
STREET ADDRESS 423 ATLANTIS DR
CITY-ST-ZIP SATELLITE BEACH FL

TITLE SD ☐ DELETE

NAME LANGUE, CONNIE A
STREET ADDRESS 215 STEPLEU SOUND
CITY-ST-ZIP W MELBOURNE FL 32934

TITLE VD ☐ DELETE

NAME RYLAND WOODBURY
STREET ADDRESS 485 KROFELD RD N.W.
CITY-ST-ZIP PALM BAY, FL 32907

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Lotte Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99 (407) 768-9575
Date Daytime Phone #

CR2E037 (1/1/98)