2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90037 015 ****70.00

DOCUMENT # N47911

1. Entity Name

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

Principal Place of Business	Mailing Address
PO BOX 360766 MELBOURNE FL 32936-0766 US	PO BOX 360766 ~~B-405~~ MELBOURNE FL 32936-0766 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 360766 Suite, Apt. #, etc.
City & State	City & State: MELBOURNE, FL
Zip / Country	Zip: 32936-0766 / Country: US

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOKES, PHILIP F 1928 MALABAR LAKES DRIVE NE PALM BAY FL 32905-4463	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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STOKES, PHILIP 1928 MALABAR LAKES DRIVE NE PALM BAY FL 32905-4463	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORGAN, MARGARET B 1072 HYDE PARK LANE MELBOURNE FL 32935	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IPARRAGUIRRE, LOUIS 961 GOLDEN BEACH BOULEVARD INDIAN HARBOUR BEACH FL 32937	☑ Delete	PD FRIEDMAN, REGINA 925 NORTH A1A, UNIT 205 INDIALANTIC, FL 32903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD FRIEDMAN, REGINA 925 NORTH A1A, UNIT 506 INDIALANTIC FL 32903	☑ Delete	1 VPD DENTON, MARION 679 SANDPIPER CIRCLE MELBOURNE, FL 32901-8140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	2 VPD NEAL, SHARON 127 MOONLIGHT DRIVE MELBOURNE BEACH, FL 32951-2874	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Philip F. Stokes SIGNATURE REQUIRED 4/24/02 (321) 729-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #