2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State
08-17-2005 90002 006 ****61.25

50062045

DOCUMENT # N47911

1. Entity Name
RAINBOW ALLIANCE FOR THE MENTALLY ILL OF SOUTH BREVARD, INC.

Principal Place of Business	Mailing Address
PO BOX 360766 MELBOURNE, FL 32936-0766 US	PO BOX 360766 MELBOURNE, FL 32936-0766 US

07272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
PO BOX 360766 Suite, Apt. #, etc.	PO BOX 360766 Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State: MELBOURNE, FL
Zip: 32936-0766 Country: US	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 860 TUCANY WAY 204 MELBOURNE, FL 32940-8195	Name: ANDREW, KATHY Street Address (P.O. Box Number is Not Acceptable): 3661 MARY LOU LN City: MELBOURNE FL Zip Code: 32934

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kathy Andrew 8/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

Make check payable to Florida 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 360 TUSCANY WAY 204 MELBOURNE, FL 329408195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORGAN, MARGARET B 1072 HYDE PARK LANE MELBOURNE, FL 32935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDREW, KATHY 3661 MARY LOU LN. MELBOURNE, FL 32934 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD MCFADDEN, STEPHANIE 726 BROOKSIDE DR. INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRIEDMAN, REGINA 925 N A1A, UNIT 205 INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD; TD DENTON, TIGER 679 SANDPIPER CIRCLE ~~To~~ MELBOURNE, FL 329018140 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD DENTON, MARION 679 SANDPIPER CIRCLE MELBOURNE, FL 329018140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 VPD ~~JACKIE~~ Dale, Jackie 2311 DUNBAR AVE. S. MELBOURNE, FL 32901 ☐ Change ☒ Addition

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: Kathy Andrew 8/1/05 (321) 757-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #