

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749787

FILED
Apr 26, 2005
Secretary of State

Entity Name: ALLIANCE OF THE FLORIDA PSYCHIATRIC SOCIETY, INC.

Current Principal Place of Business:

521 EAST PARK AVE.
TALLAHASSEE, FL 323019524

New Principal Place of Business:

Current Mailing Address:

521 EAST PARK AVE.
TALLAHASSEE, FL 323019524

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MARGO S.
521 E. PARK AVE.
TALLAHASSEE, FL 323019524 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MERRITT, SHARON
Address: 11750 S WHITE BLUFF DR.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: MILEY, JUDITH
Address: PO BOX 2078
City-St-Zip: OCALA, FL 34478 US

Title: D () Delete
Name: BUCHANAN, DONNA
Address: 52210 NE 28TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: PD () Delete
Name: SARKIS, STEPANIE
Address: 529 NW 60TH ST.
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MILEY, JUDITH
Address: PO BOX 2078
City-St-Zip: OCALA, FL 34478 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SARKIS, STEPANIE
Address: 529 NW 60TH ST.
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGO S ADAMS

ED

04/26/2005

Electronic Signature of Signing Officer or Director

Date