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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT [illegible]STATE
Sandra B. Mortha[illegible]
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR -8 PM 3:38

DOCUMENT # 762700 (3)

1. Corporation Name

COMMUNITY ALLIANCE FOR THE MENTALLY ILL (CAMI OF MIAMI), INC.

Principal Place of Business	Mailing Address
5711 S DIXIE HWY MIAMI FL 33143	5711 S DIXIE HWY MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2207150 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

GREEN, DAVID F
10460 SW 113TH STREET
MIAMI FL 33176

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, DAVID F	1.2 NAME	
STREET ADDRESS	10460 SW 113TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	S/D ☒ Change ☐ Addition
NAME	DICKMAN, RUTH	2.2 NAME	MADell, Laurie
STREET ADDRESS	10935 S.W. 176TH ST	2.3 STREET ADDRESS	5941 SW 94 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FLORIDA 33156
TITLE	2VP/D	3.1 TITLE	☐ Change ☐ Addition
NAME	DIAZ, RACHEL	3.2 NAME	
STREET ADDRESS	5760 SW 94TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD/	4.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, RUTH A	4.2 NAME	
STREET ADDRESS	10460 SW 113TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	ECONOMOU, THOMAS J.	5.2 NAME	Zimmer, Mark
STREET ADDRESS	1790 SW 15TH ST.	5.3 STREET ADDRESS	9225 SW 68 ST
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FLORIDA 33173
TITLE	V/D	6.1 TITLE	☐ Change ☐ Addition
NAME	GUNDERSON, DORTHY	6.2 NAME	
STREET ADDRESS	29023 SW 148TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David F. Green 01/27/95 (305)-255-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000434