

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766478

FILED
Apr 27, 2011
Secretary of State

Entity Name: NATIONAL ALLIANCE ON MENTAL ILLNESS OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

1520 10TH AVENUE NORTH
SUITE D
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

1520 10TH AVENUE NORTH
SUITE D
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-2301320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSS, CURTIS J JR.
1520 10TH AVE. NORTH
STE. D
LAKE WORTH, FL 33460 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: P
Name: ANDREOLI, CRISTINA
Address: 30 MILESTONE WAY
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: P
Name: RUSS, CURTIS J JR.
Address: 217 DAVIS RD.
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: V
Name: SKOWRONEK, PETER J JR.
Address: 9749 DAHLIA AVE.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: SD
Name: ELIZABETH, DOWNEY W
Address: 203 BOBWHITE ROAD
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: TD
Name: SIKLOSSY, ELLIE
Address: 1520 10TH AVENUE, NORTH, SUITE D
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby 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 all other like empowered.

SIGNATURE: CURTIS J. RUSS JR.

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date