

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766478

FILED  
Apr 02, 2012  
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:**

ANDREOLI, CRISTINA  
1520 10TH AVE. NORTH  
STE. D  
LAKE WORTH, FL 33460 US

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: CRISTINA ANDREOLI

04/02/2012

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

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

Title: TD  
Name: STEWART, HALL  
Address: 1181 DONLIN DRIVE  
City-St-Zip: WELLINGTON, FL 33414 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: CRISTINA ANDREOLI

PRES

04/02/2012

Electronic Signature of Signing Officer or Director

Date