

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N05000004892

1. Entity Name
**FLORIDA COALITION FOR ASSISTED LIVING AND
MENTAL HEALTH, INC.**



Principal Place of Business
**647 SOUTH WOODLAND BLVD
DELAND, FL 32720**

Mailing Address
**647 SOUTH WOODLAND BLVD
DELAND, FL 32720**



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3048842

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICHARDSON, WALKER S JR
647 SOUTH WOODLAND BLVD
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, WALKER S JR 647 SOUTH WOODLAND BLVD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLAZZO, LUIS 15140 DUNBARTONE PLACE MIAMI LAKE, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADKINS, DOUGLAS PO BOX 1080, 554820 US 1 HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLER, SCOTT 1410 16TH STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAMIANI, CHRIS 13009 LAKE KARL DRIVE HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000757771
05/23/07-80086-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Walker Richardson* **WALKER RICHARDSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT 4/23/07 867349830