

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2010
Secretary of State

Entity Name: NATIONAL ALLIANCE ON MENTAL ILLNESS IN INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

1906 - 33RD. AVENUE.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 824
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 20-4107718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITELEY, ROBERT L
1906 - 33RD. AVENUE
VERO BEACH, FL 32960 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: WHITELEY, ROBERT L
Address: 1906 - 33RD. AVENUE.
City-St-Zip: VERO BEACH, FL 32960

Title: VP
Name: DAVIS, JAMES W
Address: 775 BROADWAY STREET
City-St-Zip: VERO BEACH, FL 32960

Title: S
Name: SMITH, VALERIE
Address: 1635 51ST COURT
City-St-Zip: VERO BEACH, FL 32966

Title: T
Name: DAVIS, LAURA A
Address: 775 BROADWAY STREET
City-St-Zip: VERO BEACH, FL 32960

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: LAURA A. DAVIS

T

01/06/2010

Electronic Signature of Signing Officer or Director

Date