CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:47

DOCUMENT # N06439 (6)

1. Corporation Name

ADVOCATES FOR THE MENTALLY ILL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
304 N. MERIDIAN ST. SUITE 2 TALLAHASSEE FL 32301	304 N. MERIDIAN ST. SUITE 2 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1984
3a. Date of Last Report: 07/14/1994
4. FEI Number: 59-2536516 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
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

9. Name and Address of Current Registered Agent

POPE, C. JEAN
2700 APALACHEE PARKWAY
TALLAHASSEE FL 32301

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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HODGES, ALLEN	12 NAME	Hodges, ALLEN
STREET ADDRESS	9277 SE RIVER TERR.	13 STREET ADDRESS	7132 Hawks View Trail
CITY-ST-ZIP	TEQUESTA FL	14 CITY-ST-ZIP	Port St. Lucie, Fl 34986
TITLE	VD	21 TITLE	VD ☐ Change ☐ Addition
NAME	ESKENAS, MARJORIE	22 NAME	Reed, Carl
STREET ADDRESS	225 MARY DR.	23 STREET ADDRESS	2157 Mission Hills Dr.
CITY-ST-ZIP	OLDSMAR FL	24 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	GEORGE, THOMAS	32 NAME	~~George Fr~~ Thomas, George
STREET ADDRESS	11685 RAINTREE LANE	33 STREET ADDRESS	11685 Villa Del Rio Pl.
CITY-ST-ZIP	TEMPLE TERR. FL	34 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	SEWELL, SIDNEY	42 NAME	Sewell, Sidney R
STREET ADDRESS	2629 EAGLE BAY PL.	43 STREET ADDRESS	2629 Eagle Bay Dr.
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	Orange Park, Fl 32073
TITLE	SD	51 TITLE	SD ☒ Change ☐ Addition
NAME	ZELER, DUDLEY	52 NAME	Friedman, Joyce
STREET ADDRESS	41449 SILVER DR.	53 STREET ADDRESS	4005 S. Dixie Hwy, #17
CITY-ST-ZIP	UMATILLA FL	54 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

RETURNED BY MAY 1

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)(k), 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 added on an attachment with an address.

SIGNATURE: S.R. Sewell Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR
S.R. Sewell, Treasurer

4/23/95 Date
904-772-3502 Daytime Phone #

000187