

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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SUITE 2  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified  
12/03/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2536516

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPE, C. JEAN  
2100 APALACHEE PARKWAY  
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

W. Anthony Chapman, Exec. Director

DATE 3/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HODGES, ALLEN  
STREET ADDRESS 7132 HAWKS VIEW TRAIL  
CITY-ST-ZIP PORT ST. LUCIE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PO  
Elliott S. Steele, Elliott S  
13470 Coachlight Circle  
Seminole, FL 34646

TITLE VD  
NAME ESKENAS, MARJORIE  
STREET ADDRESS 225 MARY DR.  
CITY-ST-ZIP OLDSMAR FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VD  
George Thomas, George  
11405 Orilla Del Rio Pl.  
Temple Terrace, FL 33610

TITLE VD  
NAME GEORGE, THOMAS  
STREET ADDRESS 11405 ORILLA DEL RIO PL.  
CITY-ST-ZIP TEMPLE TERR. FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
VD  
Reed, Carl  
2157 Mission Hills Dr.  
Lakeland, FL 33809

TITLE TD  
NAME SEWELL, SIDNEY  
STREET ADDRESS 2629 EAGLE BAY PL.  
CITY-ST-ZIP ORANGE PARK FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
SD  
Friedman, Joyce  
400 S. Dixie Hwy #17  
Lake Worth, FL 33460

TITLE SD  
NAME FRIEDMAN, JOYCE  
STREET ADDRESS 400 S. DIXIE HWY #17  
CITY-ST-ZIP LAKE WORTH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
SD  
Sewell, Sidney R  
2629 Eagle Bay Dr.  
Orange Park, FL 32073

TITLE DV  
NAME REED, CARL  
STREET ADDRESS 2157 MISSION HILLS DR.  
CITY-ST-ZIP LAKELAND FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
100001777061  
-04/11/96--01064--0029  
\*\*\*61.25 4-11-96JR

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 94-772-3552

CR2E037 (12/95)