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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

304 N. MERIDIAN ST.  
SUITE 2  
TALLAHASSEE FL 32301-7632



3. Date Incorporated or Qualified 12/03/1984 3a. Date of Last Report 04/11/1996

4. FEI Number 59-2536516 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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 Bettye Arnold  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 304 N. Meridian St. Suite 2  
84 City Tallahassee FL 85 Zip Code 32301

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 Bettye Arnold, Treasurer *Bettye S. Arnold* 1/14/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEELE, ELLIOTT S	
STREET ADDRESS	13470 COACHLIGHT CIRCLE	
CITY - ST - ZIP	SEMINOLE FL 34648	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMAS, GEORGE	
STREET ADDRESS	11405 ORILLA DEL RIO PL.	
CITY - ST - ZIP	TEMPLE TERRACE FL 33612	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REED, CARL	
STREET ADDRESS	2157 MISSION HILLS DR.	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SEWELL, SIDNEY	
STREET ADDRESS	2629 EAGLE BAY DR.	
CITY - ST - ZIP	ORANGE PARK FL 32073	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, JOYCE	
STREET ADDRESS	400 S. DIXIE HWY #17	
CITY - ST - ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carol Waters
3.3 STREET ADDRESS	2175 North Adair
3.4 CITY - ST - ZIP	Indianapolis, FL 32901-3111
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Bettye Arnold
4.3 STREET ADDRESS	304 N. Meridian St. Suite 2, Tall, FL
4.4 CITY - ST - ZIP	ZIP 32301
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bettye Arnold, Treasurer *Bettye S. Arnold* 1/14/97 (904) 222-3400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)