

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business

21 1020 E. Lafayette St.

Suite, Apt. #, etc.

22 Ste. 102

City & State

23 Tallahassee, FL

Zip

Country

24 32301

25 Leon

2a. Mailing Address

26 1020 E. Lafayette St.

Suite, Apt. #, etc.

27 Ste. 102

City & State

28 Tallahassee, FL

Zip

Country

29 32301

30 Leon

3. Date Incorporated or Qualified

12/03/1984

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No NA

9. Name and Address of Current Registered Agent

POPE, C. JEAN
2100 APALACHEE PARKWAY
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
Marilyn Livingston
82 Street Address (P.O. Box Number is Not Acceptable)
1020 E. Lafayette St.
83 Ste. 102
84 City
Tallahassee
85 Zip Code
FL 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 Marilyn Livingston, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STEELE, ELLIOTT S
STREET ADDRESS 13470 COACHLIGHT CIRCLE
CITY-ST-ZIP SEMINOLE FL 34464 ☒ DELETE

TITLE VD
NAME THOMAS, GEORGE
STREET ADDRESS 11405 ORILLA DEL RIO PL.
CITY-ST-ZIP TEMPLE TERRACE FL 33612 ☒ DELETE

TITLE V
NAME WATERS, CAROL
STREET ADDRESS 2176 NORTH A1A
CITY-ST-ZIP INDIAN LANTIC FL ☒ DELETE

TITLE T
NAME ARNOLD, BETTYE
STREET ADDRESS 304 N MERIDAN ST., SUITE 2
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

TITLE SD
NAME FRIEDMAN, JOYCE
STREET ADDRESS 400 S. DIXIE HWY #17
CITY-ST-ZIP LAKE WORTH FL 33460 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Jean Harris
1.3 STREET ADDRESS 875 E. Camino Real, #9-B
1.4 CITY-ST-ZIP Boca Raton, FL 33432 ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME Beverly Whiteley
2.3 STREET ADDRESS 1906 33rd Ave.
2.4 CITY-ST-ZIP Vero Beach, FL 32960 ☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME Rick Alix
3.3 STREET ADDRESS 1380 Colonial Dr.
3.4 CITY-ST-ZIP Green Cove Springs, FL 32043 ☒ Change ☐ Addition

4.1 TITLE D
4.2 NAME Marilyn Livingston
4.3 STREET ADDRESS 4823 Bradfordville Rd.
4.4 CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

5.1 TITLE D
5.2 NAME Marilyn Patricia Hays, Esq.
5.3 STREET ADDRESS 488 Triton Rd.
5.4 CITY-ST-ZIP Ormond Beach, FL 32176 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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:

Marilyn Livingston, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/98

Date

Daytime Phone #

850 7671-4445

CR2E037 (5/98)