


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09520 (0)**  
1. Corporation Name  
**LAKE-SUMTER ALLIANCE FOR THE MENTALLY ILL, INC.**



Principal Place of Business  
**LIFE STREAM BEHAVIORAL  
2020 TALLY RD  
LEESBURG FL 34748  
US**

Mailing Address  
**PO BOX 493241  
LEESBURG FL 34749-3241**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/30/1985</b>	3a. Date of Last Report <b>07/15/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2566527</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ZELLER, DUDLEY B 41449 SILVER DR UMATILLA FL 32784</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 **DUDLEY B. ZELLER** 10 FEBRUARY 1997  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, MARGARET			1.2 NAME	HEDGCOCK, CLAIRE		
STREET ADDRESS	8 KINGS BLVD.			1.3 STREET ADDRESS	5445 EAST HARBOR DRIVE		
CITY-ST-ZIP	LEESBURG FL			1.4 CITY-ST-ZIP	FRUITLAND PARK, FLORIDA 34731		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDGCOCK, CLAIRE			2.2 NAME	WILLIS, DOROTHY		
STREET ADDRESS	05445 E HARBOR DR			2.3 STREET ADDRESS	1003 VALENCIA AVENUE		
CITY-ST-ZIP	FRUITLAND PARK FL			2.4 CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FLORIDA 34743		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENNIS, ROBERT			3.2 NAME	NELSON, RUTH		
STREET ADDRESS	1220 SUNSET DR			3.3 STREET ADDRESS	1737 HILTON HEAD BOULEVARD		
CITY-ST-ZIP	LEESBURG FL			3.4 CITY-ST-ZIP	LADY LAKE, FLORIDA 32159		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSKINSON, JAMES M			4.2 NAME	ENNIS, ROBERT		
STREET ADDRESS	8835 VILLAGE GREEN BLVD			4.3 STREET ADDRESS	1220 SUNSET DRIVE		
CITY-ST-ZIP	CLERMONT FL			4.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34788		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, RUTH			5.2 NAME	RANK, EUGENE		
STREET ADDRESS	1737 HILTON HEAD BLVD			5.3 STREET ADDRESS	3107 THOMAS COVE DRIVE		
CITY-ST-ZIP	LADY LAKE FL			5.4 CITY-ST-ZIP	GROVELAND, FLORIDA 34736-9086		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E037 (9/96)