


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90032 038 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N09520</b>					
1. Corporation Name <b>NAMI/LAKE/SUMTER/FLORIDA ALLIANCE FOR THE MENTAL LY ILL, INC.</b>					
Principal Place of Business <b>LIFE STREAM BEHAVIORAL</b> <b>2020 TALLY RD</b> <b>LEESBURG FL 34748</b> <b>US</b>			Mailing Address <b>PO BOX 493241</b> <b>LEESBURG FL 34749-0241</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/30/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2566527	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ZELLER, DUDLEY B</b> <b>41449 SILVER DR</b> <b>UMATILLA FL 32784</b>				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 **DUDLEY B. ZELLER**

**FEBRUARY 10 1999**

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDGCOCK, CLAIRE			1.2 NAME	ZELLER, JOAN		
STREET ADDRESS	5445 EAST HARBOR DRIVE			1.3 STREET ADDRESS	41449 SILVER DRIVE		
CITY-ST-ZIP	FRUITLAND PARK FL			1.4 CITY-ST-ZIP	UMATILLA, FLORIDA 32784-9040		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIS, DOROTHY			2.2 NAME	HEDGCOCK, CLAIRE		
STREET ADDRESS	1003 VALENCIA AVE.			2.3 STREET ADDRESS	5445 EAST HARBOR DRIVE		
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL			2.4 CITY-ST-ZIP	FRUITLAND, PARK, FLORIDA 34731-6009		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, RUTH			3.2 NAME	ENNIS, ROBERT		
STREET ADDRESS	1737 HILTON HEAD BLVD.			3.3 STREET ADDRESS	1220 SUNSET DRIVE		
CITY-ST-ZIP	LADY LAKE FL			3.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34788-8232		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	COLEMAN, MARGARET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENNIS, ROBERT			4.2 NAME	VD		
STREET ADDRESS	1220 SUNSET DRIVE			4.3 STREET ADDRESS	6 KINGS BOULEVARD		
CITY-ST-ZIP	LEESBURG FL			4.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748-8504		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANK, EUGENE			5.2 NAME	WILLIS, DOROTHY		
STREET ADDRESS	3107 THOMAS COVE DRIVE			5.3 STREET ADDRESS	1003 VALENCIA AVENUE		
CITY-ST-ZIP	GROVELAND FL			5.4 CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FLORIDA 34743		
TITLE		<input checked="" type="checkbox"/> DELETE		6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	RANK, EUGENE		
STREET ADDRESS				6.3 STREET ADDRESS	3107 THOMAS COVE DRIVE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	GROVELAND, FLORIDA 34736-9086		

14. I 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, with all other like empowered.

SIGNATURE: **EUGENE D. RANK** **RECEIVED** 02/10/99 (352) 323-0608  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)