

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90055 046 ****61.25

DOCUMENT # N09520

1. Entity Name

**NAMI/LAKE/SUMTER/FLORIDA 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 **MEETING**

LIFESTREAM ACADEMY

Suite, Apt. #, etc.

2020 TALLY RD.

City & State

LEESBURG, FL.

3. Mailing Address

P.O. Box 493241

Suite, Apt. #, etc.

City & State

LEESBURG, FL.



MOORE

CR2E037 (11/03)

4. FEI Number

59-2566527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

34748

Country

US

Zip

34749-3241

Country

U.S.

6. Name and Address of Current Registered Agent

**NICHOLSON, MARGARET
6201 TOSAIL RD.
LADY LAKE FL 32159**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **HEDGE COOK, CLAIRE**
STREET ADDRESS **5445 E HARBOR DRIVE**
CITY-ST-ZIP **FRUITLAND PARK FL 34731-6009**

TITLE **PD** ☐ Delete
NAME **NICHOLSON, MARGARET**
STREET ADDRESS **6201 TOPSAIL RD.**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **TD** ☐ Delete
NAME **DIGGS, KATONIA**
STREET ADDRESS **34042 MEADOW LANE**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **SD** ☐ Delete
NAME **WILLIS, DODIE**
STREET ADDRESS **1003 N. VALENCIA AVE.**
CITY-ST-ZIP **HOWIE IN THE HILLS FL 34743**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Nicholson, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

352-259-2789

Daytime Phone #