2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90101 028 ****61.25

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01172005 Chg-NP CR2E037 (10/03)

DOCUMENT # N09520

1. Entity Name
NAMI/LAKE/SUMTER/FLORIDA ALLIANCE FOR THE MENTALLY ILL, INC.

Principal Place of Business
LIFE STREAM ACADEMY
2020 TALLY RD
LEESBURG, FL 34748 US

Mailing Address
PO BOX 493241
LEESBURG, FL 34749-0241

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-2566527 — Applied For / Not Applicable

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

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: Jeanette MANESIS
Street Address (P.O. Box Number is Not Acceptable): 33417 Pennbrooke PARKWAY
City: Leesburg FL Zip Code: 34748

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: Jeanette Manesis - Treasurer (Jeanette MANESIS) 4-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD NAME HEDGECOOK, CLAIRE STREET ADDRESS 5445 E HARBOR DRIVE CITY-ST-ZIP FRUITLAND PARK, FL 347316009	☐ Delete	TITLE PD NAME DIAN JOY STREET ADDRESS P.O. BOX 153 CITY-ST-ZIP ASTATULA, FL. 34705	☐ Change ☒ Addition
TITLE PD NAME NICHOLSON, MARGARET STREET ADDRESS 6201 TOPSAIL RD. CITY-ST-ZIP LADY LAKE, FL 32159	☐ Delete	TITLE VD NAME CLAIRE HEDGCOCK STREET ADDRESS 5445 E. HARBOR DR. CITY-ST-ZIP FRUITLAND PARK FL. 347316009	☐ Change ☐ Addition
TITLE TD NAME DIGGS, KATONIA STREET ADDRESS 34042 MEADOW LANE CITY-ST-ZIP LEESBURG, FL 34788	☐ Delete	TITLE TD NAME JEANETTE R. MANESIS STREET ADDRESS 33417 PENNBROOKE PKWY, CITY-ST-ZIP LEESBURG, FL. 34748	☐ Change ☒ Addition
TITLE SD NAME WILLIS, DODIE STREET ADDRESS 1003 N. VALENCIA AVE. CITY-ST-ZIP HOWIE IN THE HILLS, FL 34743	☐ Delete	TITLE SD NAME BARBARA ROSNER STREET ADDRESS 17700 SE 92ND GRANTHAM TERR, CITY-ST-ZIP THE VILLAGES, FL. 32162	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jeanette Manesis Jeanette MANESIS 4-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #