

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90174 048 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent MANESIS, JEANETTE 33417 PENNBROOKE PARKWAY LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Jeanette Manesis</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> 4-15-06 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reissuing)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VD HEDGECOCK, CLAIRE 5445 E HARBOR DRIVE FRUITLAND PARK, FL 347316009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>NICHOLSON, MARGARET</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6801 Topsail Rd LADY LAKE FL 32159</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, MARGARET 6201 TOPSAIL RD. LADY LAKE, FL 32159 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Hedgecock, CLAIRE</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5445 E HARBOR DR Fruitland Park FL 34731</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIGGS, KATONIA <input checked="" type="checkbox"/> Delete 34042 MEADOW LANE LEESBURG, FL 34788		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>ROSNER, BARBARA</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>17700 SE 92nd Grantham Ter The Villages, FL 32168</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete WILLIS, DODIE 1003 N. VALENCIA AVE. HOWIE IN THE HILLS, FL 34743		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MANESIS, JEANETTE R 33417 PENNBROKE PKWY LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete JOY, DIAN PO BOX 153 ASTATULA, FL 34705		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jeanette Manesis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-15-06 Daytime Phone # 787-3666		

40054100



01132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2566527

Applied For
Not Applicable

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