

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N09520

1. Entity Name
**NAM/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**



04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2566527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MANESIS, JEANETTE
33417 PENNBROOKE PARKWAY
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	NICHOLSON, MARGARET
STREET ADDRESS	6201 TOPSAIL RD
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	PD
NAME	HEDGECK, CLAIRE
STREET ADDRESS	5445 E HARBOR DR
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	SD
NAME	ROSNER, BARBARA
STREET ADDRESS	17700 SE 92ND GRANTHAM TERR
CITY-ST-ZIP	THE VILLIAGES, FL 32162
TITLE	TD
NAME	MANESIS, JEANETTE R
STREET ADDRESS	33417 PENNBROKE PKWY
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/07-80048-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Jeanette Manesis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANETTE MANESIS

Date

Daytime Phone #

352 787 3666
4-13-2007