

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09520

FILED  
Jan 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

LIFE STREAM ACADEMY  
2020 TALLY RD  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

LIFE STREAM AIMS BLDG.  
404 WEBSTER STREET  
LEESBURG, FL 34749 US

**Current Mailing Address:**

PO BOX 493241  
LEESBURG, FL 347490241

**New Mailing Address:**

**FEI Number:** 59-2566527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MANESIS, JEANETTE  
33417 PENNBROOKE PARKWAY  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

MANESIS, JEANETTE R  
33417 PENNBROOKE PARKWAY  
LEESBURG, FL 34748 US

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.

SIGNATURE: JEANETTE R MANESIS

01/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: HEDGECOCK, CLAIRE  
Address: 5445 E HARBOR DR.  
City-St-Zip: FRUITLAND PARK, FL 32159

Title: PD ( ) Delete  
Name: AUSTIN, DALE  
Address: 7446 HARBORVIEW DR  
City-St-Zip: LEESBURG, FL 34788

Title: SD ( ) Delete  
Name: ROSNER, BARBARA  
Address: 17700 SE 92ND GRANTHAM TERR  
City-St-Zip: THE VILLIAGES, FL 32162

Title: TD ( ) Delete  
Name: MANESIS, JEANETTE R  
Address: 33417 PENNBROKE PKWY  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE R MANESIS

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

Date