

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09958

FILED
Apr 16, 2005
Secretary of State

Entity Name: NATIONAL ALLIANCE FOR THE MENTALLY ILL - POLK COUNTY, INC.

Current Principal Place of Business:

124 S. FLORIDA AVE.
301 SUITE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3548
LAKELAND, FL 338023548

New Mailing Address:

FEI Number: 59-2600811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, KENNETH
124 S. FLORIDA AVE.
301 SUITE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLATE, RISDON
Address: 5551 KINGS MONT. DR.
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: SMALL, NORMAN
Address: 20 CASARENA CT
City-St-Zip: WINTER HAEN, FL 33880

Title: S () Delete
Name: KALEY, LINDA
Address: 1920 E. EDGEWOOD DR., #H-1
City-St-Zip: LAKELAND, FL 33803

Title: T () Delete
Name: BROWN, KENNETH
Address: 2842 HIGH VIEW BEND
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: GARDE, ROBERT
Address: 812 CHANNING RD
City-St-Zip: LAKELAND, FL 33805

Title: V () Delete
Name: WENDELL, JOHN
Address: 995 LAKE HILLONGSWORTH
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SMALL, NORMAN
Address: 20 CASARENA CT
City-St-Zip: WINTER HAEN, FL 33880

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

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

Title: P (X) Change () Addition
Name: BOYER, STEPHEN
Address: 112 VAN FLEET CT.
City-St-Zip: AUBURNDAL, FL 33823

Title: V (X) Change () Addition
Name: HOFFMAN, BARBARA
Address: 6939 LACY DR.
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH BROWN

T

04/16/2005

Electronic Signature of Signing Officer or Director

Date