


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90057 038 ****61.25

DOCUMENT # N09958 1. Entity Name NATIONAL ALLIANCE FOR THE MENTALLY ILL - POLK COUNTY, INC.					
Principal Place of Business 124 S. FLORIDA AVE. 301 SUITE LAKELAND, FL 33801			Mailing Address P.O. BOX 3548 LAKELAND, FL 33802-3548		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent BROWN, KENNETH 124 S. FLORIDA AVE. 301 SUITE LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name <u>Linda Kaley</u> Street Address (P.O. Box Number is Not Acceptable) <u>124 S. Florida Ave.</u> <u>Suite 301</u> City <u>Lakeland</u> FL Zip Code <u>33801</u>	
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 <u>Linda Kaley</u> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	D SLATE, RISDON 5551 KINGS MONT. DR. LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Elliot H. Brant 6307 Alameda Hills Dr Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, NORMAN 20 CASARENA CT WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kaley, Robert 1920 E. Edgewood Dr, H-1 Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALEY, LINDA 1920 E. EDGEWOOD DR., #H-1 LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, KENNETH 2842 HIGH VIEW BEND LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYER, STEPHEN 112 VAN FLEET CT. AUBURNDAL, FL 33823	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFMAN, BARBARA 6939 LACY DR. LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A

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 changed, or on an attachment with an address, with all other like empowered.

Linda Kaley