FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:14

DOCUMENT # N11613 (9)

1. Corporation Name
ALLIANCE FOR THE MENTALLY ILL OF BREVARD COUNTY, INC.

Principal Place of Business	Mailing Address
235 E CRISAFULLI RD MERRITT ISLAND FL 32953	235 E CRISAFULLI RD MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2690533 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1072 MADRID RD	26 1072 MADRID RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ROCKLEDGE, FL	28 City & State: ROCKLEDGE FL
24 Zip: 32955 25 County: BREVARD	29 Zip: 32955 30 Country: BREVARD

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SMITH, PATTI
235 E CRISAFULLI RD
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent
81 Name: HAZEL LEA BERGERON
82 Street Address (P.O. Box Number is Not Acceptable): 1072 MADRID ROAD
83
84 City: ROCKLEDGE FL 85 Zip Code: 32953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Hazel Bergeron — 3/21/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	BERGERON, HAVEL LEA	12 NAME	HAZEL BERGERON	
STREET ADDRESS	1072 MNADRID ROAD	13 STREET ADDRESS	1072 MADRID ROAD	
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP	ROCKLEDGE, FL	
TITLE	PD	21 TITLE	TREASURER	☐ Change ☐ Addition
NAME	SMITH, PATTI	22 NAME	TERRY ENGRAVIDO	
STREET ADDRESS	235 E CRISAFULLI RD	23 STREET ADDRESS	3328 DARYL TERRACE	
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	METZGER, TRUDY	32 NAME		
STREET ADDRESS	565 SUNRISE DR	33 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	SIMON, MARY	42 NAME		
STREET ADDRESS	1400 SHELLY PLACE	43 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BROOKFIELD, JO	52 NAME		
STREET ADDRESS	1481 N US1 & 107	53 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hazel Lea Bergeron — 3/21/95 (407)632-8610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038444