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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N11613 (9)

1. Corporation Name

ALLIANCE FOR THE MENTALLY ILL OF BREVARD COUNTY, INC.

Principal Place of Business	Mailing Address
5825 S HIGHWAY #1 ROCKLEDGE FL 32955 US	1072 MADRID RD ROCKLEDGE FL 32955 US

3. Date Incorporated or Qualified: 10/16/1985

4. FEI Number: 59-2690533 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5825 S. Highway #1	26 5825 S. Highway #1
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Rockledge Fl	28 Rockledge, Fl
24 Zip 32955 25 Country US	29 Zip 32955 30 Country US

9. Name and Address of Current Registered Agent

HOUSER, LYLE
5825 S HIGHWAY #1
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ Signature, typed 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	PD	☐ DELETE	1.1 TITLE	HOUSER	☐ Change ☐ Addition
NAME	HOUSE, LYLE		1.2 NAME		
STREET ADDRESS	5825 S HIGHWAY #1		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ENGRAVIDO, TERRY		2.2 NAME		
STREET ADDRESS	3325 DARYL TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	CURTIS, JOY		3.2 NAME	HAZEL BERGERON	
STREET ADDRESS	1889 ROCKLEDGE DRIVE		3.3 STREET ADDRESS	1072 MADRID RD	
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEE, SUSAN		4.2 NAME		
STREET ADDRESS	3855 WINTER TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Lyle M. Houser LYLE M. HOUSER 3/17/98 407 638 0919