

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 APR 13 PM 2:37

DOCUMENT # N12525 (4)

1. Corporation Name

HERNANDO COUNTY ALLIANCE FOR THE MENTALLY ILL, INCORPORATED

Principal Place of Business

Mailing Address

6337 PINE MEADOWS DRIVE
P. O. BOX 5613
SPRING HILL FL 34606

6337 PINE MEADOWS DRIVE
P. O. BOX 5613
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1985	3a. Date of Last Report 03/30/1994
4. FEI Number 59-2684242	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. 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DEHART, EVELYN 8191 SUMTER DR BROOKSVILLE FL 34601	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 Evelyn De Hart, President DATE 3-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DEHART, EVELYN	1.2 NAME	
STREET ADDRESS	8191 SUMTER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MANTANA, JONES	2.2 NAME	
STREET ADDRESS	402 LONGWOOD DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRILL, MADELEINE	3.2 NAME	
STREET ADDRESS	2234 WYNDAM DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MOONEY, ESTHER	4.2 NAME	
STREET ADDRESS	8040 MORIAH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BLANDIMO, LILA	5.2 NAME	
STREET ADDRESS	14274 EDGEKNOLL ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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: Evelyn De Hart DATE 3-11-95 904-796-3931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)