

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12525 (4)

1. Corporation Name
HERNANDO COUNTY ALLIANCE FOR THE MENTALLY ILL, INCORPORATED



Principal Place of Business: **6337 PINE MEADOWS DRIVE, P. O. BOX 5613, SPRING HILL FL 34606**
Mailing Address: **6337 PINE MEADOWS DRIVE, P. O. BOX 5613, SPRING HILL FL 34606**

3. Date Incorporated or Qualified 12/09/1985	3a. Date of Last Report 04/13/1995
4. FEI Number 59-2684242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent DEHART, EVELYN 6191 SUMTER DR BROOKSVILLE FL 34601		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

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHART, EVELYN	1.2 NAME	
STREET ADDRESS	6191 SUMTER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTANA, JONES	2.2 NAME	VD
STREET ADDRESS	402 LONGWOOD DR	2.3 STREET ADDRESS	Jack Pelle Spring Hill, Fl
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	4427 Bayridge Ct 34606
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, ESTHER	4.2 NAME	SD
STREET ADDRESS	8040 MORIAH AVE	4.3 STREET ADDRESS	Dolores Sekoican
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	1173 Overland Dr Spring Hill, Fl 34608
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 DeHart Evelyn DeHart, Pres. 3-17-96 352-796-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)