2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004
Secretary of State

DOCUMENT# N12525

Entity Name: HERNANDO COUNTY ALLIANCE FOR THE MENTALLY ILL, INCORPORATED

Current Principal Place of Business:

6191 SUMTER DR
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5613
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-2684242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEHART, EVELYN
6191 SUMTER DR
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DEHART, EVELYN	
Address:	6191 SUMTER DR	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	VPD	( ) Delete
Name:	NORRIS, DONNA	
Address:	13288 DRYSDALE ST	
City-St-Zip:	SPRING HILL, FL 34607	
Title:	TRD	( ) Delete
Name:	ZELEDON, STEVEN	
Address:	32270 MARCHMONT CIR	
City-St-Zip:	RIDGE MANOR, FL 33525	
Title:	SD	( ) Delete
Name:	JANOSKO, URSULA	
Address:	14410 MARIANNA ST	
City-St-Zip:	BROOKSVILLE, FL 34613	
Title:	SD	( ) Delete
Name:	VAN NATLAN, BOB	
Address:	2463 STEPHANIE DR	
City-St-Zip:	SPRING HILL, FL 34608	
Title:	D	( ) Delete
Name:	WAY, NELLA	
Address:	14009 POET ST	
City-St-Zip:	SPRING HILL, FL 34609	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN ZELEDON TRD 07/09/2004
Electronic Signature of Signing Officer or Director — Date

DERON MIKAL
7258 HAWKINS AVE
SPRING HILL, FL 34601