

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12525

FILED
Jan 22, 2005
Secretary of State

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 J ZELEDON

TRD

01/22/2005

Electronic Signature of Signing Officer or Director

Date