

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4: 22

DOCUMENT # **N17703 (2)**
1. Corporation Name
KEY WEST ALLIANCE FOR THE MENTALLY ILL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1206 PINE STREET (33040)
PO BOX 5771
KEY WEST FL 33040**

3. Date Incorporated or Qualified **11/01/1986** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2817825** Applied For Not Applicable

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

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 intangibles tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GRABOIS, MITCHELL A.
1206 PINE STREET
KEY WEST FL 33040**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ESPINOLA, ARTURO
STREET ADDRESS	7-F PORTER PLACE
CITY- ST- ZIP	KEY WEST FL
TITLE	D
NAME	FRANKLIN, GERRY
STREET ADDRESS	1300 ASHBY ST
CITY- ST- ZIP	KEY WEST FL
TITLE	D
NAME	LANGDALE, ELIZABETH
STREET ADDRESS	1215 WHITEHEAD ST
CITY- ST- ZIP	KEY WEST FL
TITLE	S
NAME	GRABOIS, MITCHELL
STREET ADDRESS	1206 PINE STREET
CITY- ST- ZIP	KEY WEST FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESPINOLA, EVELYN
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	SUNSET HARBOR, 5031 FIFTH AV. B 18
5.4 CITY- ST- ZIP	KEY WEST, FL 33040
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 in an attachment with an address.

SIGNATURE: *Mitchell A. Grabois* **Mitchell A. Grabois** 2/21/95 305-296-9081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number X284