

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 # N19519 (0)
1. Corporation Name
FOUNDATION FOR ALTERNATIVE MENTAL THERAPY, INC.



Principal Place of Business
**6946 S.W. 111TH CT.
MIAMI FL 33173**

Mailing Address
**6946 S.W. 111TH CT.
MIAMI FL 33173**

3. Date Incorporated or Qualified
03/04/1987

3a. Date of Last Report
04/17/1995

4. FEI Number
59-2804060

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address
757 Stern Avenue

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
Palo Alto, CA 94303

Zip
94303

Country

9. Name and Address of Current Registered Agent

**GOLDBERG, SEMET, LICKSTEIN, MORGENSTERN
201 ALHAMBRA CIR.
12TH FLOOR
CORAL GABLES FL 33134**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MOORS, CHRISTINE**
STREET ADDRESS **6946 S.W. 111 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **PLANK, GEORGE**
STREET ADDRESS **7601 SW 63RD CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ DELETE
NAME **MELOCHE, H. PAUL**
STREET ADDRESS **6946 S.W. 111 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Moors, Christine**
1.3 STREET ADDRESS **757 Stern Avenue**
1.4 CITY-ST-ZIP **Palo Alto, CA 94303**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: Christine A. Moors, President **4-22-96** **415 856 8360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Christine A. Moors

CR2E037 (12/95)