FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY - 1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # N22642 (5)

1. Corporation Name

FLORIDA ALLIANCE FOR THE MENTALLY ILL, INC.

Principal Place of Business	Mailing Address
304 N. MERIDIAN ST. SUITE 2 TALLAHASSEE FL 32301	304 N. MERIDIAN ST. SUITE 2 TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 09/23/1987
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2859337 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 304 N. Meridian St.	26 304 N. Meridian St.
Suite, Apt #, etc. 22 Suite 2	Suite, Apt #, etc. 27 Suite 2
City & State 23 Tallahassee FL	City & State 28 Tallahassee
Zip 24 32301 County 25 Leon	Zip 29 32301 Country 30 Leon

5. Certificate of Status Desired [X] — $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 [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

POPE, JEAN
2100 APALACHEE DR. W. 1-B
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Pope, JEAN
82 Street Address (P.O. Box Number is Not Acceptable): 2100 APALACHEE Dr. W. 1-B
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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 office for 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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P [X] Change [ ] Addition
NAME	HODGES, ALLEN F	1.2 NAME	Hodges, ALLEN
STREET ADDRESS	9277 S.E. RIVER TERR.	1.3 STREET ADDRESS	7132 HAWK's View TRAIL
CITY ST ZIP	TZQUESTA FL 33469	1.4 CITY ST ZIP	Port St. Lucie, FL. 34986
TITLE	V	2.1 TITLE	V [X] Change [ ] Addition
NAME	ESKENAS, MARJORIE	2.2 NAME	Reed, CARL
STREET ADDRESS	225 MARY DR.	2.3 STREET ADDRESS	2157 Mission Hills Dr.
CITY ST ZIP	OLSMAR FL 34677	2.4 CITY ST ZIP	Lakeland, FL. 33809
TITLE	V	3.1 TITLE	V [X] Change [ ] Addition
NAME	THOMAS, GEORGE	3.2 NAME	Thomas, George
STREET ADDRESS	11883 RAINTREE DR.	3.3 STREET ADDRESS	11405 Orilla Del Rio Pl.
CITY ST ZIP	TEMPLE TERR. FL	3.4 CITY ST ZIP	Temple Terrace, FL 33617
TITLE	T	4.1 TITLE	T [X] Change [ ] Addition
NAME	SEWELL, SIDNEY	4.2 NAME	Sewell, Sidney R
STREET ADDRESS	2629 EAGLE BAY PL.	4.3 STREET ADDRESS	2629 Eagle Bay Dr.
CITY ST ZIP	ORANGE OARK FL 32073	4.4 CITY ST ZIP	Orange Park, FL 32073
TITLE	S	5.1 TITLE	S [X] Change [ ] Addition
NAME	ZELLER, DUDLEY	5.2 NAME	Friedman, Joyce
STREET ADDRESS	41449 SILVER DR.	5.3 STREET ADDRESS	400 S. Dixie Hwy. #17
CITY ST ZIP	UMATILLA FL 32784	5.4 CITY ST ZIP	Lake Worth, FL, 33460
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	5/1/95 MS
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: S R Sewell, Treasurer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 904 772 3502 Daytime Phone #

0001855