FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUN 1. Corporation	MENT # N22642	2 (5)				
	A ALLIANCE FOR THE MEN	NTALLY ILL, INC.				
Principal Place	of Business	Mailing Address			1 (\$\$) \$B) B1B 1 \$ \$ \$ \$ \$ B1B1B	UTAK OLDUK BIDEL DIDUK DIDUK DIDUK DIBUK EBDU
304 N. MERID		304 N. MERIDIAN ST.				
SUITE 2		SUITE 2 TALLAHHASSEE FL 323	н			
TALLAHHASSI	EE FL 323UI	PREMINDUE TE DEC	,,		3. Date Incorporated or Qualified 09/23/1987	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-2859337	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zio	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for in	
Zip 24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agent
			81	Name		
POPE, J			82	Street Add	lress (P.O. Box Number is Not Acceptable	9)
	ACACHEE DR. W. 1-B		83			
IALLAN	ASSEE FL 32301		<u> </u>			85 Zip Code
~			84	City	1	
11. Pursuant to or registere	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	and 617,1508, Florida Statute la. Such change was authorize on 617,0503, Florida Statutes.	s, the above- d by the corp	named corpo oration s boa	oration submits this statement for the purp any of directors. I hereby account the appo	cose of changing its registered office intrent as registered agent. I am
	W: Anthony Chapman Signature typed or printed name of registered agont		or U	V.GJ	Monthson-	3/21/96
	Signature typed or printed name of registered agont OFFICERS AND		E: Registered Age	rt signature require	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
12. TITLE	P	DELETE	1 1 TITLE		D	Change Addition
NAME	HODGES, ALLEN F	~	1.2 NAME	r	steele, 2111011	2 166
STREET ADDRESS	7132 HAWKS VIEW TRAIL		1.3 STREE	I ADDRESS	13470 Coach light Semi NOIE, FL 3	
CITY - ST - ZIP	PORT ST. LUCIE FL 34986		1.4 CITY -			4646
TITLE	V	DELETE	21 TITLE		Board Car	Change Addition
NAME	REED, CARL		2.2 NAME		Keen 11 1971 00	Hills pr
STREET ADDRESS	2157 MISSION HILLS DR.			T ADDRESS	The street of the	3 3 804
CITY-ST-ZI ³	LAKELAND FL 33809	DELETE	2 4 CITY -		A CRISPA II	Change Cl Addition
TITLE NAME	THOMAS, GEORGE		3.2 NAME	V	Thomas, Georg	e
STREET ADDRESS	11405 ORILLA DEL RIO PL.		3 3 STREE	T ADDRESS	Thomas, Georg	Tel Rio PL.
CITY-ST-ZIP	TEMPLE TERR. FL 33617		3.4. CITY -	ST-ZIP	Temple Terrac	<u> </u>
TITLE	Ť	DELETE	4.1 TITLE	1	1 5 1	2 ☐ Change ☐ Addition
NAME	SEWELL, SIDNEY		4. 2 NAME		Sewell, VIONEY	(a. ^ ·
STREET ADDRESS	2629 EAGLE BAY DR.		43 STREE	T ADDRESS	26796761e gay	14-
CITY-ST-ZIP	ORANGE OARK FL 32073		4.4 CITY-		ovarge iv	Change Addition
TITLE	S SOUTH AND LOVE	DELETE	5 1 TITLE	1 -	Criednan, Joyce	e
NAME	FRIEDMAN, JOYCE 400 S. DIXIE HWY. F-17		5.2 NAME	T ADDRESS	upo S. Dixic Hig	h way \$17
STREET ADDRESS	LAKE WORTH FL 33460		5.3 STREE		TLAKE INSITE	FI 37460
CITY-ST-ZIP TITLE	DAIL HOUSE COTO	DELETE	6.1 TiTLE	O. 211		☐ Change ☐ Addition
NAME		_	6 2 NAME		40000177	
STREET ADURESS			6 3 STREI	T ADDRESS	-04/11/96010	640 - CHAIL-QX
CITY ST ZIP			6 4 CITY-	\$T-ZIP	***61.25	307711 5160
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furr	ished and do	es 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:

SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR