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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 TALLAHHASSEE FL 32301	304 N. MERIDIAN ST. SUITE 2 TALLAHHASSEE FL 32301-7632

3. Date Incorporated or Qualified: **09/23/1987**
3a. Date of Last Report: **04/11/1996**

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

4. FEI Number: **59-2859337** ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Bettye Arnold
82 Street Address (P.O. Box Number is Not Acceptable): 304 N. Meridian St. SUite 2
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Bettie S Arnold — Bettye Arnold, Treasurer
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEELE, ELLIOT S 13470 COACHLIGHT CIRCLE SEMINOLE FL 34646	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REED, CARL 2157 MISSION HILLS DR. LAKELAND FL 33809	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition V Carol Waters 2175 North AlA Indialantic, FL 32901-3111
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMAS, GEORGE 11405 ORILLA DEL RIO PL. TEMPLE TERR. FL 33617	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SEWELL, SIDNEY 2629 EAGLE BAY DR. ORANGE OARK FL 32073	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition T Bettye Arnold 304 N. Meridian St. Suite 2 Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRIEDMAN, JOYCE 400 S. DIXIE HWY. F-17 LAKE WORTH FL 33460	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bettie S. Arnold — Bettye Arnold, Treasurer — 1/14/97 — (904) 222-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #