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 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23326 (4)

1. Corporation Name

TAMPA BAY ALLIANCE FOR THE MENTALLY ILL, INC.

Principal Place of Business	Mailing Address
11405 ORILLA DEL RIO PLACE TEMPLE TERRACE FL 33617 US	11405 ORILLA DEL RIO PLACE TEMPLE TERRACE FL 33617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1987
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2865768 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

THOMAS, GEORGE
11405 ORILLA DEL RIO PLACE
TEMPLE TERRACE FL 33617

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 — FL

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 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 (Signature, typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent's signature required for any change) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	THOMAS, GEORGE	12 NAME	
STREET ADDRESS	11883 RAINTREE DR.	13 STREET ADDRESS	
CITY, ST, ZIP	TEMPLE TERRACE FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NICKS, WANDA	22 NAME	
STREET ADDRESS	4202 OKARA RD	23 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	24 CITY, ST, ZIP	
TITLE	~~SD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~NUZUM, MYRTLE~~	32 NAME	
STREET ADDRESS	~~3008 MATOA WAY~~	33 STREET ADDRESS	
CITY, ST, ZIP	~~TAMPA FL~~	34 CITY, ST, ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	DUCHNOKSKI, FLORENCE	42 NAME	
STREET ADDRESS	5175 CORVETTE DRIVE	43 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	44 CITY, ST, ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	SUZANNE LOPOS	52 NAME	
STREET ADDRESS	1214 COFFINGTON LN	53 STREET ADDRESS	
CITY, ST, ZIP	TAMPA, FL 33612	54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(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: George Thomas (GEORGE THOMAS) 4/25/95 813-974-1434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000448