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Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33617-2622 US

3. Date Incorporated or Qualified: 11/04/1987
3a. Date of Last Report: 06/19/1996

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: 59-2865768 ☐ 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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	THOMAS, GEORGE		1.2 NAME	
STREET ADDRESS	11883 RAINTREE DR.		1.3 STREET ADDRESS	11405 ORILLA DEL RIO PLACE
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4 CITY-ST-ZIP	TAMPA TERRACE, FL 33617
TITLE	VD	☑ DELETE	2.1 TITLE	☐ Change ☑ Addition
NAME	NICKS, WANDA		2.2 NAME	VD FRANCISCA ROLDAN
STREET ADDRESS	4202 OKARA RD		2.3 STREET ADDRESS	24101 TURTLE ROCK RD
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	TD	☑ DELETE	3.1 TITLE	TD ☑ Change ☐ Addition
NAME	~~DUCHNOKSKI; FLORENCE~~		3.2 NAME	AL DUCHNOWSKI
STREET ADDRESS	5175 CORVETTE DRIVE		3.3 STREET ADDRESS	5175 CORVETTE DR
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	~~VP~~ SD	☐ DELETE	4.1 TITLE	SD ☐ Change ☑ Addition
NAME	~~MARIA ROLDAN~~		4.2 NAME	MARIA ROLDAN
STREET ADDRESS			4.3 STREET ADDRESS	1557 TWIN PALMS LOOP
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: ~~SIGNATURE REQUIRED~~ 7/2/97 813-774-1834