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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:02

DOCUMENT # N24936 (9)

1. Corporation Name

ALLIANCE FOR THE MENTALLY ILL GROUP OFFERING SUP PORT, INC.

Principal Place of Business	Mailing Address
400 SOUTH DIXIE HIGHWAY, #16 LAKE WORTH FL 33460	400 SOUTH DIXIE HIGHWAY, #16 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1988
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0085898 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $0.75 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	2a. Mailing Address
21 111East Coast Avenue	26 111 East Coast Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hypoluxo, Fla.	28 City & State: Hypoluxo, Fla.
24 Zip: 33461 25 Country: U.S.A.	29 Zip: 33461 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

GLASSMAN, THEODORE
WELLINGTON H 447
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name: Chris Weston
82 Street Address (P.O. Box Number is Not Acceptable): 12204-5Sag Harbor Court
83
84 City: West Palm Beach FL 85 Zip Code: 334

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: Chris Weston Chris Weston President - Bd. of Directors 4-27-95
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	DP Weston, Chris WESTON, CHRIS Chris Weston 122282 SAG HARBOR COURT WEST PALM BEACH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCBRIDE, BILL 400 S DIXIE HWY. LAKE WORTH FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition DS Dr. Kenneth Cappetta 608 Sea Pine Way Greenacres City, Fla.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUXBURY, LINDALEE 400 S. DIXIE HWY., #16 LAKE WORTH FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition DVP Paul Krublit Tuscany D198 Delray Beach, Fla.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUBLIT, PAUL TUSCANY D 226 DELRAY BEACH FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition DT Yvonne Scholnicoff 10A Amherst Royal Palm Beach, Fla.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition DS Susan Chiriboga 3068 Inglewood Terrace
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition Boca Raton, Fla.

FILED BY MAY 1

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: Susan Chiriboga 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Susan Chiriboga 4-27-95 (407) 582-7424
Daytime Phone #

0018673