


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24936 (9)

1. Corporation Name
**ALLIANCE FOR THE MENTALLY ILL GROUP OFFERING SUP
PORT, INC.**

Principal Place of Business 105 EAST COAST AVE. HYPOLUXO FL 33462 US	Mailing Address 105 EAST COAST AVE. HYPOLUXO FL 33462 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/22/1988	4. FEI Number 65-0086898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WESTON, CHRIS
8A AMHERST CT
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name **JOHN M. PERRY**
82 Street Address (P.O. Box Number is Not Acceptable)
1 VIA DE CASAS SUR, 1-201
83
84 City **BOYNTON BEACH** FL 85 Zip Code **33426**

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 *John M. Perry* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WESTON, CHRIS		1.2 NAME	
STREET ADDRESS 8A AMHERST CT		1.3 STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHN, PERRY		2.2 NAME	
STREET ADDRESS 1 VIA DE CASAS SUR, 1-201		2.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		2.4 CITY-ST-ZIP	33426
TITLE OTS	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHOLNICOFF, YVONNE		3.2 NAME	
STREET ADDRESS 10A AMHERST		3.3 STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BEACH FL		3.4 CITY-ST-ZIP	Royal Palm Beach FL 33411
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Yates Lawrence
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2791 Morris Ct #201 Lauderhale FL 33462
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	Kelley Jeff
CITY-ST-ZIP		5.4 CITY-ST-ZIP	4611 S Congress Ave Lake Worth FL 33461
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Elmore Candice
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4333 Windsor Ave Apt 17 West Palm Beach 33407

14. I 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 *John M. Perry* 11/02/11 9 190 D

CR2E037 (10/97)