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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90065 045 \*\*\*\*61.25

0045954

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N24936**

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

126963 - 90065 - 45



2. Principal Place of Business

21 *518 Lantana Rd*

Suite, Apt. #, etc.

22

City & State

23 *Lantana FL*

Zip

24 *33462*

Country

25 *Palm Beach*

2a. Mailing Address

26 *518 Lantana Rd*

Suite, Apt. #, etc.

27

City & State

28 *Lantana FL*

Zip

29 *33462*

Country

30 *Palm Beach*

3. Date Incorporated or Qualified

*02/22/1988*

4. FEI Number

*65-0086898*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **JOHN, PERRY**  
STREET ADDRESS **1 VIA DE CASAS SUR, 1-201**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **DTS** ☐ DELETE

NAME **SCHOLNICOFF, YVONNE**  
STREET ADDRESS **10A AMHERST**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☐ DELETE

NAME **YATES, LAWRENCE**  
STREET ADDRESS **2791 MOORING CT #201**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **D** ☒ DELETE

NAME **KALATA, JEFF**  
STREET ADDRESS **4611 S CONGRESS AVE**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **DVP** ☒ DELETE

NAME **ELMORE, CANDICE**  
STREET ADDRESS **4333 WINDSOR AVE APT 17**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

11 TITLE **D VPS**

12 NAME **MICHAEL WARD**  
13 STREET ADDRESS **6461 NW 2ND AVE. #303**  
14 CITY-ST-ZIP **BOCA RATON, FL 33487**

21 TITLE **D**

22 NAME **Christine Weston**  
23 STREET ADDRESS **6 A Amherst Ct**  
24 CITY-ST-ZIP **Royal Palm Beach FL 33411**

31 TITLE **D**

32 NAME **Richard Williamson**  
33 STREET ADDRESS **123 ERIC ST #15**  
34 CITY-ST-ZIP **LAKE WORTH FL 33461**

41 TITLE

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/99* *561 582 7424*  
Date Daytime Phone #

CR2E037 (11/98)