

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90376 005 ****61.25

DOCUMENT # N24936

1. Entity Name

**ALLIANCE FOR THE MENTALLY ILL GROUP OFFERING
SUPPORT, INC.**



Principal Place of Business

111 EAST COAST AVE
LAKE WORTH FL 33462
US

Mailing Address

111 EAST COAST AVE
LAKE WORTH FL 33462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0086898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sapenoff
SCHOLNICOFF, YVONNE
10-A AMHERST CRT
ROYAL PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME LEVY, HEIDI
STREET ADDRESS 14527 BONAIRE BLVD #605
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE
NAME *18504th Cross Circle*
STREET ADDRESS *#204*
CITY-ST-ZIP *Boynton Beach FL 33436* ☒ Change ☐ Addition

TITLE DPT
NAME SAPENOFF, YVONNE
STREET ADDRESS 10A AMHERST
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME YATES, LAWRENCE
STREET ADDRESS 2791 MOORING CT #201
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME KOLOSLAY, BRUCE
STREET ADDRESS 14527 BONAIRE BLVD #605
CITY-ST-ZIP DELRAY BEACH FL 33446 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WILLIAMSON, RICHARD
STREET ADDRESS 123 ERIE ST #15
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME *Sharon Goyard*
STREET ADDRESS *771 Banyan Dr*
CITY-ST-ZIP *West Palm Beach FL 33415* ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04

561 582 06571