

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24936

FILED
Mar 08, 2005
Secretary of State

Entity Name: ALLIANCE FOR THE MENTALLY ILL GROUP OFFERING SUPPORT, INC.

Current Principal Place of Business:

111 EAST COAST AVE
LAKE WORTH, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

111 EAST COAST AVE
LAKE WORTH, FL 33462 US

New Mailing Address:

FEI Number: 65-0086898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEVY, HEIDI
Address: 18 SOUTHERN CROSS CIRCLE, #204
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DPT () Delete
Name: SAPENOFF, YVONNE
Address: 10A AMHERST
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: YATES, LAWRENCE
Address: 2791 MOORING CT #201
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: WILLIAMSON, RICHARD
Address: 123 ERIE ST #15
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: GEYNOR, SHARON
Address: 771 BANYAN DR.
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO SQUATRITO

MR

03/08/2005

Electronic Signature of Signing Officer or Director

Date