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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:27

DOCUMENT # N26365 (9)

1. Corporation Name

ALLIANCE FOR THE MENTALLY ILL OF WEST PASCO, INC

Principal Place of Business	Mailing Address
6304 BANDURA AVE. NEW PORT RICHIE FL 34653	6304 BANDURA AVE. NEW PORT RICHIE FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1988
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2904264 ☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ $8.75 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
21: 1740 FAIRFIELD ST
22: Suite, Apt. #, etc.
23: City & State: Holiday FL
24: Zip: 34691 25: Country: Pascoe

2a. Mailing Address
26: 1740 FAIRFIELD ST
27: Suite, Apt. #, etc.
28: City & State: Holiday FL
29: Zip: 34691 30: Country: Pascue

9. Name and Address of Current Registered Agent

LEARMAN EUGENE
6304 BANDURA AVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: TODARO, Carl
82 Street Address (P.O. Box Number is Not Acceptable): 1740 FAIRFIELD ST
83
84 City: Holiday FL 85 Zip Code: 34691

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: CARL TODARO Carl Todaro Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when furnishing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BLASSE, MARY	1.2 NAME	
STREET ADDRESS	8023 PEPPERIDGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	MAZZEI, MINNIE 10608 BUCKS RUN NEWPORT RICHEY FL
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition
NAME	MAZZEI, MINNIE	2.2 NAME	VD Maureen Todaro
STREET ADDRESS	10608 BUCKS RUN	2.3 STREET ADDRESS	1740 FAIRFIELD ST
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	Holiday FL, 34691
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	JOFFA, JEANETTE	3.2 NAME	SD Joffa Jeanette
STREET ADDRESS	7205 TERVEL AVE	3.3 STREET ADDRESS	7205 TERVAL AVE
CITY-ST-ZIP	NEW PT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	LEARMAN, EUGENE	4.2 NAME	TD Todaro Carl
STREET ADDRESS	6304 BANDURA AVE.	4.3 STREET ADDRESS	1740 FAIRFIELD ST
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	HOLIDAY FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Carl Todaro 2/14/95 938-6791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARL TODARO

0087489