FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26365** **(9)**

1. Corporation Name

ALLIANCE FOR THE MENTALLY ILL OF WEST PASCO, INC

Principal Place of Business	Mailing Address
1740 FAIRFIELD ST HOLIDAY FL 34691 US	1740 FAIRFIELD ST HOLIDAY FL 34691 US

3. Date Incorporated or Qualified: **05/10/1988**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TODARD, CARL
1740 FAIRFIELD ST
HOLIDAY FL 34691

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 Carl Todard Treasurer DATE 1/03/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAZZEI, MINNIE		1.2 NAME		
STREET ADDRESS	10608 BUCKS RUN		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TODARO, CARL		2.2 NAME		
STREET ADDRESS	1740 FAIRFIELD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☒ Addition
NAME	JOFFA, JEANETTE		3.2 NAME	Rose Kollmer	
STREET ADDRESS	7205 TERVEL AVE		3.3 STREET ADDRESS	12814 College Hill Dr	
CITY-ST-ZIP	NEW PT RICHEY FL		3.4 CITY-ST-ZIP	Hudson Fl 34667	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEARMAN, EUGENE		4.2 NAME		
STREET ADDRESS	6304 BANDURA AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TODERO, MAUREEN		5.2 NAME		
STREET ADDRESS	1740 FAIRFIELD ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 Todard Treasurer 3/30/96 (813) 938-6791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #