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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N26365

1. Corporation Name

(9)

## ALLIANCE FOR THE MENTALLY ILL OF WEST PASCO, INC

Principal Place of Business 1706 FARRELD ST 17	•	en en en er en er en er en er en er en er en		•						
HOUDAY FL 34691 US  3. Date incorporated or Qualified Cot/10/1988  3. Date incorporated or Qualified or Date incorporated o	Principal Place				-	NIEF DIBIT DIBIT DIBIT				
2. Principal Place of Business 2. A Mailing Address 2. Substances 2. Substances 2. Substances 3. Sub	1740 FAIRFIELD ST 1740 FAIRFIELD ST HOLIDAY FL 34691 HOUDAY FL 34691									
Suite, Apl. #, etc.	03		00							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Script a Status Desired   S8.75 Addition Fee Required 20   27   Country   2p   Country   2p   Country   2p   Country   2p   Country   2p   Added to Fee Required 2p   25   28   29   30   Fee Required 2p   25   26   Country   2p   2p   2p   2p   2p   2p   2p   2	2. Principal Pla	ace of Business	2a. Mailing Address						Applied      I	For
City & State   City &	21						59-2904264			
Zp		#, etc.		27			5. Certificate of Status Desired			
28   29   30   Florida Statutes   Very   No.	<del></del>		<b>├</b> ─┐ '							
TODARD, CARL 1740 FAIRFIELD ST HOLIDAY FL 34691  11. Pursuant to the provisions of Septions 617, 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida, Such change was submouzed by the corporation's board of directors. I hereby accept the appointment is registered or registered agent, or both, in the State of Florida, Such change was submouzed by the corporation's board of directors. I hereby accept the appointment is registered or registered agent, or both, in the State of Florida, Such change was submouzed by the corporation's board of directors. I hereby accept the appointment is registered agent. I a floridation of registered agent. I a floridation of registered agent. I a floridation of registered agent agent. I a floridation of registered agent. I a floridation of	Zip Country		Zip	— ·			8. This corporation has liability for intangible tax under s. 199.032,			
TODARD, CARL 1740 FARRELD ST HOLIDAY FL 34691  82 Sirent Add Hess (P.O. Box Number is Not Acceptable)  83 Sirent Add Hess (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  87 Code  88 City  FL 85 Zip Code	24			30						
TODARD, CARL 1740 FAIRFELD ST HOLIDAY FL 34891  82 Street Add fress (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Purpuser it to the provisions of Speciars 517.0502 and 617.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent. I a registered agent. I a registered agent. I a state or the provisions of the provisions of Speciars 517.0502 and 617.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent. I a registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a state or the statement for the purpose of changing its registered agent. I a statement for the purpose of changing its registered agent. I a statement for the purpose of changing its registered agent. I a statement for the purpose of changing its registered agent. I a statement for the purpose of changing its registered agent. I a statement for the purpose of changing its registered agent. I a statement for the purpose of changing its registered agent. I a statement for the purpose of changing its registered agent. I a statement fo		9. Name and Address of Currer	nt Registered Agent		04 Name		10. Name and Address of New Re	gistered Agent		
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 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 is statement for the purpose of changing its registered or registered agent, or both, in the State of Florida Statutes.  SIGNATURE  Signature Subdate or Anthronia of registered agent is the state accept the appointment as registered agent. I is stated and accept the appointment as registered agent. I is all it is a part of the appointment as registered agent. I is all it is a part of the appointment as registered agent. I is all it is a part of the appointment as registered agent. I is					PI IVAIII	,				1
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11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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, to continue with, and accept the purpose of Changing its registered agent. I a state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I a state of Florida Statutes.  FLORIDATION STATE AGENCY of Florida Statutes and Florida Statutes.  INDITE Pagament Agent separation required when removating.  ITILE PD	HOLIDAY	/ FL 34691			83					
11. Fursional to the provisions of Septions \$17,0502 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered agent, no tools, in light state of Floridas, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I a familiar with, and accept the obligations of Section 617,0503, Florida Statutes.    SIGNATURE				Ì	84 City			EJ 85	Zip Code	
or registered agent, or both, in fine State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I is familiar with, and accept the obligations of section of 17.0000 Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS OF IANGES TO OFFICE HIS AND DIRECTORS IT IN THE INTERPRETATION OF INTERP	11 Durament t	a the provisions of Captions 617 0500	and 617 1609. Eloxida Statuta	the above	io namod		tion or havite this statement for the pure		ite registere	d office
TILE PD DELETE 1.1 TILE DELETE 1.1	or register familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of Sec	da. Such change was authorize ion 617,0503. Florida Statutes.	ed by the c	orporation	's board	of directors. I hereby accept the appoin	ntment as regist	ered agent. I	am
TITLE	SIGNATURE _	Signature, typed or printed name of registered agen	t and little if applicable. (NO	TE: Registered	Agent signatur	e required v				
NAME	12.									
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4. 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 copyenation 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:

SNATURE AND TYPED OF PRINTED NAME OF SONING OFFICER OR DIRECTOR

Trusur 3

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CR2E037 (12/9