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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34691-4633 US

3. Date Incorporated or Qualified: **05/10/1988**
3a. Date of Last Report: **04/05/1996**

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** — [X] 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 [X] 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 TODARO Treas. Carl Todaro 1/21/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	[ ] Change [ ] Addition
NAME	ROSE KOLLMER		3.2 NAME	
STREET ADDRESS	12814 COLLEGE HILL DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	TODERO, MAUREEN		4.2 NAME	
STREET ADDRESS	1740 FAIRFIELD ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL		4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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 (9/96)

14. I do 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 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 1/21/97 813-938-6791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069161