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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: HELEN KUCHANOWSKI
82 Street Address (P.O. Box Number Is Not Acceptable): 6035 SEA RANCH DR.
83: 607A
84 City: HUDSON FL 85 Zip Code: 34667

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: HELEN Kuchanowski TREAS Director Helen Kuchanowski DATE: 3.4.98
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	PD ~~PRESIDENT~~ PD	☒ Change ☐ Addition
NAME	MAZZEI, MINNIE		1.2 NAME	MAUREEN TODARO	
STREET ADDRESS	10606 BUCKS RUN		1.3 STREET ADDRESS	1740 FAIRFIELD ST	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	TD	☒ DELETE	2.1 TITLE	HELEN KUCHANOWSKI	☐ Change ☒ Addition
NAME	TODARO, CARL		2.2 NAME	TD 6035 SEARANCH DR	
STREET ADDRESS	1740 FAIRFIELD ST		2.3 STREET ADDRESS	HUDSON FL 34667	
CITY-ST-ZIP	HOLIDAY FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD ROSE Kollmer	☒ Change ☐ Addition
NAME	ROSE KOLLMER		3.2 NAME	8703 Robilina Rd	
STREET ADDRESS	~~42614 COLLEGE HILL DRIVE~~		3.3 STREET ADDRESS	Port Richey FL 34667	
CITY-ST-ZIP	~~HUDSON FL~~		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD MARY BLASS	☒ Change ☒ Addition
NAME	TODERO, MAUREEN		4.2 NAME	8023 PEPPER RIDGE LN	
STREET ADDRESS	1740 FAIRFIELD ST		4.3 STREET ADDRESS	Port Richey 34667	
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 (10/97)

14. I 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: Helen Kuchanowski TREAS Director Helen Kuchanowski DATE: 3-12-98 869-6806