

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90017 015 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N26365

1. Corporation Name

ALLIANCE FOR THE MENTALLY ILL OF WEST PASCO, INC

Principal Place of Business

1740 FAIRFIELD ST
HOLIDAY FL 34691
US

Mailing Address

1740 FAIRFIELD ST
HOLIDAY FL 34691
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/10/1988
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	APPLIED FOR
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

KUCHANOWSKI, HELEN
6035 SEA RANCH DRIVE
607A
HUDSON FL 34667

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TODARO, MAUREEN	
STREET ADDRESS	1740 FAIRFIELD STREET	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	TD	☐ DELETE
NAME	KUCHANOWSKI, HELEN	
STREET ADDRESS	6035 SEA RANCH DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	☐ DELETE
NAME	ROSE KOLLMER	
STREET ADDRESS	8703 ROBILINA ROAD	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE	VD	☐ DELETE
NAME	BLASSE, MARY	
STREET ADDRESS	8023 PEPPER RIDGE LANE	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

727

722-869-6106

CR2E037 (1/98)