

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90020 020 ****61.25

DOCUMENT # N26365 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TODERO, CARL 1740 FAIRFIELD ST HOLIDAY, FL 34691				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Carl Todaro Treasurer</u> <u>Carl Todaro</u> <u>3/8/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEHEAD, CLAUDE 3438 LUTI LN NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - D Rebecca Rivera 7421 Egress Ln New Port Richey FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TODARO, CARL 1740 FAIRFIELD ST HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - D Mary Dolan 1325 Winding Brookway Dunedin, FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWER, MARILYN A 401 PLAZAD APT 304 HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - D Maureen Todaro 1740 Fairfield St Holiday FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, LAURNS 8434 GREEN ST PORT RICHEY, FL 34668		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carl Todaro</u> <u>Carl Todaro</u> <u>3/8/04</u> <u>727-9386791</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					