2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90052 017 ****61.25

DOCUMENT # N26365

1. Entity 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

02152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 412 Suite, Apt. #, etc.	P.O. Box 412 Suite, Apt. #, etc.
City & State: ELFERS, FLORIDA	City & State: ELFERS, FLORIDA
Zip: 34680 Country: USA	Zip: 34680 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TODERO, CARL 1740 FAIRFIELD ST HOLIDAY, FL 34691	Name: K. JOY PILLION Street Address (P.O. Box Number is Not Acceptable): 8522 CRANES ROOST DRIVE City: NEW PORT RICHEY FL Zip Code: 34654

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: K. JOY PILLION - SECRETARY 2005 K. Joy Pillion 2/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 RIVERA, REBECCA 7421 E. GRESS LN. NEW PORT RICHEY, FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIR MARY LICITRA 7324 LINCOLN PARK LANE PORT RICHEY, FL. 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TODARO, CARL 1740 FAIRFIELD ST HOLIDAY, FL 34691	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT, DIR CARRIE FAY WHITE 8434 GREEN STREET PORT RICHEY, FL. 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOLAN, MARY 1325 WINDING BROOK WAY DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DIR K. JOY PILLION 8522 CRANES ROOST DRIVE NEW PORT RICHEY, FL 34654	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TODARO, MAUREEN 1740 FAIRFIELD ST BROOKSVILLE, FL 34601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DIR GLORIA STROTHER 7007 PLATHE ROAD NEW PORT RICHEY, FL 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: K. Joy Pillion K. JOY PILLION 2/15/05 727-849-0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #