FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32570 (6)

1. Corporation Name

LEE COUNTY ALLIANCE FOR THE MENTALLY ILL, INC.

Principal Place of Business	Mailing Address
2789 ORTIZ AVENUE S.E. FT MYERS FL 33905 US	2789 ORTIZ AVENUE S.E. FT MYERS FL 33905 US

3. Date Incorporated or Qualified: 05/26/1989

3a. Date of Last Report: 03/15/1995

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: 65-0122844 ☐ 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 ☒ No

9. Name and Address of Current Registered Agent

NIMETZ, MARGARET
2789 ORTIZ AVE.
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name: BOERGER, JOHN

82 Street Address (P.O. Box Number is Not Acceptable): 2789 ORTIZ AVE.

83: FORT MYERS

84 City: FL 85 Zip Code: 33905

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: JOHN BOERGER, TREASURER — DATE: 3/19/96

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIGERNESS, LUELLA 1820 SE 1ST. TERR CAPE CORAL FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPVD BOERER, MAUDE 5540 WESTWIND LANE FT. MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	BOERGER	☐ Change ☐ Addition 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GENTILE, LYDIA 4401 S.E. 10TH AVENUE CAPE CORAL FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD BOERGER, JOHN 5540 WESTWIND LN. FORT MYERS, FL.	☐ Change ☐ Addition 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NIMITZ, MARGARET 929 SE 43RD TERRACE CAPE CORAL FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD SLUMP BETTY 1919 S.E. 6th TERRACE Cape Coral, FL	☐ Change ☐ Addition 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: JOHN BOERGER — 3/19/96 — 941-481-0127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #