FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90200 040 ****61.25

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DOCUMENT # N32570

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	5540 WESTWIND LN FORT MEYERS FL 33919-2718

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/26/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0122844 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOERGER, JOHN 5540 WESTWIND LN FT MYERS FL 33919-2718	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 _____ DATE
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	☒ Change ☐ Addition
NAME	DIGERNESS, LUELLA		1.2 NAME	WEDDLE, MARY LOU	
STREET ADDRESS	1820 SE 1ST. TERR		1.3 STREET ADDRESS	6570 Highland Pines CIR.	
CITY-ST-ZIP	CAPE CORAL FL 33990-1353		1.4 CITY-ST-ZIP	FT. MYERS, FL. 33912	
TITLE	VPVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOERGER, MAUDE		2.2 NAME		
STREET ADDRESS	5540 WESTWIND LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919-2718		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOERGER, JOHN		3.2 NAME		
STREET ADDRESS	5540 WESTWIND LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919-2718		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	SLUMP, BETTY		4.2 NAME	DIGERNESS Luella	
STREET ADDRESS	1919 SE 6TH TERRACE		4.3 STREET ADDRESS	1820 SE 1st Terrace	
CITY-ST-ZIP	CAPE CORAL FL 33990		4.4 CITY-ST-ZIP	Cape Coral, FL. 33990-1353	
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 (11/98)

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 REQUIRED 2/9/99 941-481-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #