SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35536

(4)

MENTAL HEALTH ADVOCACY FOUNDATION, INC.

APPROVED AND

1997 OCT 20 PM 3: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address **%PATRICIA REGESTER** %PATRICIA REGESTER 227 N.E. 17TH ST. 227 N.E. 17TH ST. DO NOT WRITE IN THIS SPACE MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1989 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0282814 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees 28 Zip Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Bravo REGESTER, PATRICIA 82 Street Address (P.O. Box Number is Not Acceptable) 227 N.E. 17TH ST. В3 MIAMI FL 33132 City Miam 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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 _	4 Becar	Executive	Diguestro	10/15/97
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Rogistered Agent signature required when reinstating) DATE				
12.	2. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	500002326375
NAME	Gibson, Thelma		1.2 NAME	500002326373
STREET ADDRESS	3361 FRANKLIN AVENUE		1.3 STREET ADDRESS	****236.25 ****236.25
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	・
TITLE	D	DELETE	2.1 TITLE	D
NAME	SIMONS, VICKI		2.2 NAME	Evelyn Cohan 2127 Brickell Ave. #3501
STREET ADDRESS	600 GRAPETREE DR.		2.3 STREET ADDRESS	2127 Brickell Ave. # 3501
CITY ST-ZIP	KEY BISCAYNE FL		2. 4 CITY-ST-ZIP	Miami, FL 33158
TITLE	D	DELETE	3.1 TITLE	15
NAME	REGESTER, PATRICIA		3.2 NAME	Jamie Bravo
STREET ADDRESS	611 OCEAN DRIVE		3.3 STREET ADDRESS	119 SW 23rd Pd.
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	Miami, FL 33129
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	11/2/67
CITY-ST-ZIP			4.4 CITY - ST - ZIP	O MENOP
TITLE		☐ DELETE	5.1 TITLE	REINSTATEMENT
NAME			5.2 NAME	ISPUSO IVI PALPIA I
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	

6.4 CHTY-ST-ZIP 14. I do 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.