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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N3553

(4)

MENTAL HEALTH ADVOCACY FOUNDATION, INC.

FILED
Jun 03 1998 8:00am
Secretary of State

### Control of Country Samura Samur			Mailing Address			
Principal Places of Ibsureries 22. Main's Actions 22. Main's Fund Control Places	%PATRICIA REGESTER %PATRICIA REGESTER 227 N.E. 17TH ST. 227 N.E. 17TH ST.			ER	12/04/1989 4. FEI Number	Applied For
City & State City & City & State City &			26 227 NE 1	7th Street		\$8.75 Additional
City & State State Address of Current February Part		#, etc.		c.	` ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
23 25 25 25 25 25 25 25	City & Stato					
BRAVO, JAMIE 227 N.E. 17TH ST. MAMI FL 33132 82 Street Address (P.O. Box Number is Not Acceptable) 83 STREET ADDRESS 11. Pursuant to the provisions of Sections 617 0742 and 617 1508. Fionial Statutus, the above-member corporation submits this statement for the purpose of changing its register of agent, or teeth, in the Shirt of Horde. Such change was author/voor by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of Sections 617 0503, Florida Statutus. SIGNATURE Signature hydro or product name of agreement for the purpose of changing its register products agent. I am familiar with, and accept the obligations of Sections 617 0503, Florida Statutus. SIGNATURE OF IT	Zip	Country 25 U.S	Z(p 29 33132		Personal Property Tax due June 30.	™ Yes □ No
BRAVO, JAMIE 227 N.E. 17TH ST. MIAMI FL 33132 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 64 City FL 85 Zip Code 65 City FL 85 Zip Code 66 City FL 85 Zip Code 67 City Figure and Corporation submits this statement for the purpose of changing its register agont. In all familiar with, and accept the oblightenion of Sociolon 617 Code Statutors 86 City FL 85 Zip Code 87 City City FL 85 Zip Code 88 City City FL 85 Zip Code 89 City Flowers Agent Register acceptable oblightenion of Sociolon 617 Code Statutors 80 City City Flowers Agent Register acceptance despired and in agricultar with any facility of the corporation's board of directors. I hereby accept the appointment as register agent and register agent Register acceptance acceptance agent Register acceptance acceptance acceptance agent Register acceptance		9. Name and Address	of Current Registered Agent	91 Nama	10. Name and Address of New Regist	ered Agent
11. Pursuant to the provisions of Socions 617 0/50 and 617 1508, Florada Statutes office or registered appoint or both; en the State of I brinds. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as register agent. I am femiliar with, and accept the obligations of, Socion 617 0503, Florida Statutes SIGNATURE Signature type of the provision of provision and their applicative (NOTE Registered agent signature requires when reliminating) DATE	227 N.E.	17TH ST.		83		85 Zip Code
TITLE O DELETE 1.1 TITLE GIBSON, THELMA STREET ADDRESS 361 FRANKLIN AVENUE 1.2 NAME 1.3 STREET ADDRESS 361 FRANKLIN AVENUE 1.3 STREET A	office or re agent. I as SIGNATURE	egi ste red agent, or both, ir m fam iliar with, and accep	n the State of Florida. Such change the obligations of Section 617.05	was authorized by the corpo 03, Florida Statutes. (NOTE Registered Agent signature re	oration's board of directors. I hereby accept the equired when reinslating)	e appointment as registered
NAME GIBSON, THELMA 12 NAME 13 STREET ADDRESS 3361 FRANKLIN AVENUE 13 STREET ADDRESS 14 DTY-ST-ZIP MIAMI FL 14 DTY-ST-ZIP	12.				ADDITIONS/CHANGES TO OFFICERS	
DELETE D	NAME STREET ADDRESS	GIBSON, THELMA 3361 FRANKLIN AVE	_	1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS 2127 BRICKELL AVE., #3501 2.3 STREET ADDRESS		D	☐ DELF			☐ Change ☐ Addition
DELETE DELETE STITLE DELETE STITLE DELETE Add	STREET ADDRESS	2127 BRICKELL AVE	., #3501	2.3 STREET ADDRESS		
TITLE	TITLE NAME	D BRAVO, JAMIE 119 SW 23RD ROAD	_	TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
A4 CITY-ST-ZIP	TITLE	MIAMI FL 33129	☐ DELE	FE 4.1 TITLE 4.2 NAME		Change Addition
NAME	CITY-ST-ZIP		□ orr	4.4 CITY-ST-ZIP		Change Addition
TITLE DELETE 61 TITLE 1 DELETE 1 DELETE Ad NAME 62 NAME - 06/08/98 - 01111 - 011 - 011111 - 011 - 011111 - 011 - 01111 - 011	NAME Street address		[] Dete	5.2 NAME 5.3 STREET ADDRESS		SS CONTROL S
	TITLE NAME		□ D€LE	TE 6.1 TITLE 6.2 NAME	100002551 -06/08/9801111- ***122.50	Change Addition

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.

05/19/98

(305) 379-2673