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05-10-1999 90230 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
~~1998~~ 1999

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

DOCUMENT # N96000001266 (3)

1. Corporation Name
AMITY OF BROOKSVILLE, INC.

Principal Place of Business	Mailing Address
75 SOUTH CHURCH STREET STE. 650 PITTSFIELD MA 01201 US	2 SOUTH STREET STE 360 PITTSFIELD MA 01201

3. Date Incorporated or Qualified: 03/04/1996

4. FEI Number: 59-3369019 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 75 South Church Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 650
City & State 23	City & State 28 Pittsfield, MA 01201
Zip / Country 24 / 25	Zip / Country 29 01201 / 30 USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTE 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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	☐ Change ☐ Addition
NAME	CLARKE, THOMAS M		1.2 NAME	
STREET ADDRESS	2 GASTON DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, LAWRENCE B		2.2 NAME	
STREET ADDRESS	150 ROYAL PALM WAY, STE. 205		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, STANLEY DR.		3.2 NAME	
STREET ADDRESS	175 RUNNING HILL ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND ME 04106		3.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, LINDA M		4.2 NAME	
STREET ADDRESS	2 GASTON DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA		4.4 CITY-ST-ZIP	
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
ADDRESS			6.2 NAME	
			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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.

SIGNATURE: Linda M. Clarke — Linda M. Clarke — 4/26/99 — (413) 448-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079054