

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90107 017 ****70.00

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1. Entity Name

**COALITION OF FLORIDA ADVOCATES FOR MENTALLY ILL
INDIVIDUALS, INC.**



Principal Place of Business

Mailing Address

**7096 PINE BLUFF DRIVE
LAKE WORTH FL 33467**

**7096 PINE BLUFF DRIVE
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0892979**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDMAN, JOYCE H
7096 PINE BLUFF DRIVE
LAKE WORTH FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRIEDMAN, JOYCE H 7096 PINE BLUFF DRIVE LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ROBINSON, JUDITH E 11756 SW 102 ST MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIOTTI, JAMES 1427 MITCHELL AVE TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDMAN, HAROLD DR 7096 PINE BLUFF DR LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGMANN, FRANK 305 N. 10th Ave Wauchula, FL. 33873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, GAINES 129 MARSH ISLAND CIRCLE SAINT AUGUSTINE FL 32095	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, FRANCES 3130 W. ONEIDA RD. AVON PARK FL. 33825-9432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, JO P.O. BOX 15267 FERNANDIA BEACH FL 31035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Harold Dr. Friedman* **DR. HAROLD FRIEDMAN 3/4/03 1561439-0539**

CR2E037 (10/02)