

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P23647 (1)**

1. Corporation Name

**MENTAL ILLNESS FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**5201 BAYBERRY LANE  
TAMARAC FL 33319-3122**

**5201 BAYBERRY LANE  
TAMARAC FL 33319-3122**

3. Date Incorporated or Qualified

**03/30/1989**

3a. Date of Last Report

**01/02/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

27

City & State

City & State

24

25

Country

29

30

Country

4. FEI Number

**13-3178147**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEIN, RENEE  
5201 BAYBERRY LANE  
TAMARAC FL 33319**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIPSER, PHILIP ESQ.</b>	
STREET ADDRESS	<b>388 ORIENTA AVE.</b>	
CITY-ST-ZIP	<b>MAMARONECK NY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTH, STANTON F</b>	
STREET ADDRESS	<b>605 PARK AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWRENCE, PAUL</b>	
STREET ADDRESS	<b>ADMIRALS COVE 158 SPYGLASS LN.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STEIN, RENEE</b>	
STREET ADDRESS	<b>5201 BAYBERRY LN.</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SILBERMAN, RITA</b>	
STREET ADDRESS	<b>1050 FIFTH AVE.</b>	
CITY-ST-ZIP	<b>NY NY 10028</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STACOM, DARCY</b>	
STREET ADDRESS	<b>51 W. 42 ST.</b>	
CITY-ST-ZIP	<b>NY NY 10019</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/96**

**305-735-4073**

Daytime Phone #

CR2E037 (12/95)