

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758612

FILED
Jan 11, 2008
Secretary of State

Entity Name: DIRECTIONS FOR MENTAL HEALTH, INC,

Current Principal Place of Business:

1437 SOUTH BELCHER ROAD
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

1437 SOUTH BELCHER ROAD
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-2092715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIGGS, R THOMAS PRES
1437 S BELCHER RD
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIGGS, R THOMAS PRES
Address: 1437 S BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: C () Delete
Name: CHAMBERS, MATTHEW CHAIR
Address: 601 CLEVELAND ST, STE 900
City-St-Zip: CLEARWATER, FL 33755

Title: VC () Delete
Name: SIETSMA, DAVID V-CHAIR
Address: 2111 DREW STREET
City-St-Zip: CLEARWATER, FL 33758

Title: S () Delete
Name: MACARIO, SARAH SEC
Address: 950 WEXFORD LEAS BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: VOGELBACHER, PIERRE TREAS
Address: 2560 GULF TO BAY BLVD, STE 300
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: PHILLIPS, CRAIG DIR
Address: 611 DRUID ROAD, SUITE 707
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BRELAND, ELEANOR SEC
Address: CITY OF CLEARWATER, P.O. BOX 4748
City-St-Zip: CLEARWATER, FL 33758 47

Title: T (X) Change () Addition
Name: CHIP, JACKSON TREAS
Address: 2560 GULF TO BAY BLVD, STE 200
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. THOMAS RIGGS

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date