

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758612

FILED
Jan 04, 2012
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 ()

Name and Address of Current Registered Agent:

LOTT, APRIL 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
Name: LOTT, APRIL
Address: 1437 S BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: C
Name: HANCOCK, DION R
Address: 405 6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VC
Name: SIETSMA, DAVID
Address: 2111 DREW STREET
City-St-Zip: CLEARWATER, FL 33765

Title: S
Name: SLICKER, WILLIAM
Address: 4554 CENTRAL AVENUE
City-St-Zip: ST PETERSBURG, FL 33711

Title: T
Name: CHAMBERS, MATHEW L
Address: 601 CLEVELAND ST., STE 900
City-St-Zip: CLEARWATER, FL 33755

Title: D
Name: BRELAND, ELEANOR R
Address: 1157 ALMA STREET
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: APRIL LOTT

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date