# 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: MICHELLE FURAN-SULLIVAN

Electronic Signature of Signing Officer/Director Detail

LOTT, APRIL F			
1437 S BELCH			
CLEARWATER	R, FL 33764 US		
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	stered agent, or both, in the State of Florida.
SIGNATUR	=:		
	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
	-		
Title	P	Title	CHAIRMAN
THE	•		-
Name	LOTT, APRIL	Name	TRUMP, KATRINA

# Name and Address of Current Registered Agent:

1437 S BELCHER ROAD

611 DRUID ROAD; SUITE 105 CLEARWATER FL 33756

City-State-Zip: CLEARWATER FL 33764

CROY, NANCY

TREASURER SLAUGHTER, DAN

COO

City-State-Zip: CLEARWATER FL 33764

645 PIERCE STREET

YATCHUM, KAREN 1437 S BELCHER ROAD

CLEARWATER FL 33764

VC

# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 758612**

Entity Name: DIRECTIONS FOR MENTAL HEALTH, INC,

## **Current Principal Place of Business:**

1437 SOUTH BELCHER ROAD CLEARWATER, FL 33764

### **Current Mailing Address:**

1437 SOUTH BELCHER ROAD CLEARWATER, FL 33764 US

### FEI Number: 59-2092715

Address

Title

Title

Title

Name

Address

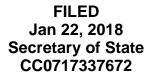
Name

Address

Name Address

City-State-Zip:

City-State-Zip:



Certificate of Status Desired: No

Date

Address	200 CENTRAL AVE
City-State-Zip:	ST PETERSBURG FL 33701
Title	SECRETARY
Name	GILBERT, MICHELLE
Address	2005 PAM AM CIRCLE SUITE 110
City-State-Zip:	TAMPA FL 33607
Title	CFO
Name	FURAN-SULLIVAN, MICHELLE
Address	1437 S BELCHER ROAD
City-State-Zin	CLEARWATER FL 33764

CFO