# 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

1437 S BELCHER ROAD

City-State-Zip: CLEARWATER FL 33764

Electronic Signature of Signing Officer/Director Detail

CLEARWATER, FL 33764 US	
FEI Number: 59-2092715	C
Name and Address of Current Registered Agent:	
LOTT, APRIL PRES 1437 S BELCHER RD	

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758612** 

Entity Name: DIRECTIONS FOR MENTAL HEALTH, INC,

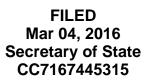
#### **Current Principal Place of Business:**

1437 SOUTH BELCHER ROAD CLEARWATER, FL 33764

### **Current Mailing Address:**

1437 SOUTH BELCHER ROAD

CLEARWATER, FL 33764 US



Date

Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

•••			
Title	P	Title	CHAIRMAN
Name	LOTT, APRIL	Name	TRUMP, KATRINA
Address	1437 S BELCHER ROAD	Address	200 CENTRAL AVE
City-State-Zip	CLEARWATER FL 33764	City-State-Zip:	ST PETERSBURG FL 33701
Title	VC	Title	TREASURER
Name	CROY, NANCY	Name	GILBERT, MICHELLE
Address	611 DRUID ROAD; SUITE 105	Address	2005 PAM AM CIRCLE SUITE 110
City-State-Zip	CLEARWATER FL 33756	City-State-Zip:	TAMPA FL 33607
Title	SECRETARY	Title	CFO
Name	SLAUGHTER, DAN	Name	FURAN-SULLIVAN, MICHELLE
Address	645 PIERCE STREET	Address	1437 S BELCHER ROAD
City-State-Zip	CLEARWATER FL 33764	City-State-Zip:	
Title	COO		
Name	YATCHUM, KAREN		

CFO

03/04/2016

Date