

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758612

**FILED
Mar 04, 2016
Secretary of State
CC7167445315**

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOTT, APRIL PRES
1437 S BELCHER RD
CLEARWATER, FL 33764 US

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

Officer/Director Detail :

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

Title CHAIRMAN
Name TRUMP, KATRINA
Address 200 CENTRAL AVE
City-State-Zip: ST PETERSBURG FL 33701

Title VC
Name CROY, NANCY
Address 611 DRUID ROAD; SUITE 105
City-State-Zip: CLEARWATER FL 33756

Title TREASURER
Name GILBERT, MICHELLE
Address 2005 PAM AM CIRCLE
SUITE 110
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name SLAUGHTER, DAN
Address 645 PIERCE STREET
City-State-Zip: CLEARWATER FL 33764

Title CFO
Name FURAN-SULLIVAN, MICHELLE
Address 1437 S BELCHER ROAD
City-State-Zip: CLEARWATER FL 33764

Title COO
Name YATCHUM, KAREN
Address 1437 S BELCHER ROAD
City-State-Zip: CLEARWATER FL 33764

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

CFO

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date