

2019 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**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	VC
Name	CROY, NANCY
Address	611 DRUID ROAD; SUITE 105
City-State-Zip:	CLEARWATER FL 33756

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

Title	CHAIRMAN
Name	TRUMP, KATRINA
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-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****04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date