

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 722510 (5)**  
1. Corporation Name  
**FOUNDATION FOR MENTAL HEALTH IN PINELLAS, INC.**



Principal Place of Business  
**1437 S. BELCHER ROAD  
P. O. BOX 6785  
CLEARWATER FL 34618**

Mailing Address  
**1437 S. BELCHER ROAD  
P. O. BOX 6785  
CLEARWATER FL 34618  
US**

3. Date Incorporated or Qualified  
**01/24/1972**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0674246</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					
25		30					

## 9. Name and Address of Current Registered Agent

**ELLINGTON, JEAN  
1437 S. BELCHER ROAD  
CLEARWATER FL 34624**

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRISTINI, RICHARD A</b>	
STREET ADDRESS	<b>1006 PINELLAS STREET</b>	
CITY - ST - ZIP	<b>CLEARWATER, FL 00000</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCRAE, INEX V</b>	
STREET ADDRESS	<b>4410-48TH AVENUE SOUTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LANCASTER, D. GAY</b>	
STREET ADDRESS	<b>315 CT ST</b>	
CITY - ST - ZIP	<b>CLEARWATER, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARD, LYNN A.</b>	
STREET ADDRESS	<b>11351 ULMERTON RD S, STE 414</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARK, GAIL D.</b>	
STREET ADDRESS	<b>811 40TH AVE. NE</b>	
CITY - ST - ZIP	<b>ST PETE, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SD</b>
2.3 STREET ADDRESS	<b>Temporarily Vacant</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

## SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LYNN A. RICHARD, JR., President**

**3/27/96**  
Date

**(813) 531-7378**  
Daytime Phone #

CR2E037 (12/95)