

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722510

FILED  
Jan 08, 2004  
Secretary of State

**Entity Name:** FOUNDATION FOR MENTAL HEALTH IN PINELLAS, INC.

**Current Principal Place of Business:**

11254 58TH ST NO  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

11254 58TH ST NO  
PINELLAS PARK, FL 33782 US

**New Mailing Address:**

**FEI Number:** 59-0674246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASPINALL, BARBARA  
1516 HIGHBLUFFS DR W  
LARGO, FL 337710 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEDEKIND, TOM  
Address: 11254 58TH ST NO  
City-St-Zip: PINELLAS PARK, FL 33782

Title: 1VD ( ) Delete  
Name: MCDONALD, JANICE  
Address: 14041 ICOT BLVD  
City-St-Zip: CLEARWATER, FL 33760

Title: 2VD ( ) Delete  
Name: DAIRE, BARBARA  
Address: 4024 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 337330970

Title: SD ( ) Delete  
Name: RIGGS, TOM  
Address: 1437 S BELCHER ROAD  
City-St-Zip: CLEARWATER, FL 33764

Title: TD ( ) Delete  
Name: MCMATH, GARY  
Address: 1236 9TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS C WEDEKIND

PRES

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date