

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 722510**

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



Principal Place of Business  
**11254 58TH ST NO  
PINELLAS PARK, FL 33782**

Mailing Address  
**11254 58TH ST NO  
PINELLAS PARK, FL 33782 US**



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0674246**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ASPINALL, BARBARA  
1200 COUNTRY CLUB DRIVE#  
#4106  
LARGO, FL 33771**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000611361  
02/02/07-80058-022 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WEDEKIND, TOM  
11254 58TH ST NO  
PINELLAS PARK, FL 33782**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VD  
DAIRE, BARBARA  
4024 CENTRAL AVENUE  
ST. PETERSBURG, FL 337330970**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RIGGS, TOM  
1437 S BELCHER ROAD  
CLEARWATER, FL 33764**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(727) 545-6477 x302**