


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90107 001 \*\*\*\*70.00

<b>DOCUMENT # 722510</b>	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40003650



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0674246	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASPINALL, BARBARA 1200 COUNTRY CLUB DRIVE# #4106 LARGO, FL 33771	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEDEKIND, TOM 11254 58TH ST NO PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD DAIRE, BARBARA 4024 CENTRAL AVENUE ST. PETERSBURG, FL 337330970 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIGGS, TOM 1437 S BELCHER ROAD CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (727) 545-6477 x302 Daytime Phone #

ATTACHMENT 40003650

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

Document Number 722510

Business Entity Name FOUNDATION FOR MENTAL HEALTH IN PINELLAS, INC.

Original File Date 01/24/1972

FEI Number 59-0674246

Principal Address 11254 58TH ST NO  
PINELLAS PARK, FL 33782

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

Registered Agent BARBARA ASPINALL  
1200 COUNTRY CLUB DRIVE#  
#4106  
LARGO, FL 33771 US

### Officer/Director Name And Address

PD  
TOM WEDEKIND  
11254 58TH ST NO  
PINELLAS PARK, FL 33782

2VD  
BARBARA DAIRE  
4024 CENTRAL AVENUE  
ST. PETERSBURG, FL 337330970

SD  
TOM RIGGS  
1437 S BELCHER ROAD  
CLEARWATER, FL 33764

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

If you need to make  
changes to the above  
information, please  
select: