

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722510

FILED
Jan 16, 2009
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:

11254 58TH ST NO
PINELLAS PARK, FL 33782

FEI Number: 59-0674246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ASPINALL, BARBARA
1200 COUNTRY CLUB DRIVE#
#4106
LARGO, FL 33771 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: 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WEDEKIND, TOM
Address: 11254 58TH ST NO
City-St-Zip: PINELLAS PARK, FL 33782

Title: V.P. (X) Change () Addition
Name: DAIRE, BARBARA
Address: 4024 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33733

Title: SEC (X) Change () Addition
Name: RIGGS, TOM
Address: 1437 S BELCHER ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: TREA () Change (X) Addition
Name: ROBERTSON, DIANA
Address: 14041 ICOT BLVD.
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM WEDEKIND

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date