

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90091 038 ****61.25

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

~~PO BOX 7430~~
~~CLEARWATER FL 33750~~
~~406~~

11008563



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

11254 58th St. No.

Suite, Apt. #, etc.

Pinellas Park, FL

City & State

Zip

33782

Country

USA

4. FEI Number **59-0674246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ASPINALL, BARBARA
9609 TARA CAY COURT
SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1516 High Bluffs Dr W

City

LARGO

FL

Zip Code

33770

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

Barbara Aspinall
(NOTE: Registered Agent signature required when reinstating)

4/14/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **1VD** ☐ Delete
NAME **MCDONALD, JANICE**
STREET ADDRESS **14041 ICOT BLVD**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **2VD** ☐ Delete
NAME **DAIRE, BARBARA**
STREET ADDRESS **4024 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33733-0970**

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

TITLE **TD** ☐ Delete
NAME **MCMATH, GARY**
STREET ADDRESS **1236 9TH STREET NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Tom Wedekind

4/17/03 **545**
7276477

CR2E037 (10/02)