

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737816

**FILED**  
**Jan 09, 2004**  
**Secretary of State****Entity Name:** THE DAVID LAWRENCE FOUNDATION FOR MENTAL HEALTH, INC.**Current Principal Place of Business:**6075 GOLDEN GATE PKWY.  
NAPLES, FL 34116**New Principal Place of Business:****Current Mailing Address:**6075 GOLDEN GATE PKWY.  
NAPLES, FL 34116**New Mailing Address:****FEI Number:** 59-1756753**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILSON, GEORGE ESQ  
821 FIFTH AVENUE S  
STE 201  
NAPLES, FL 34102 US**Name and Address of New Registered Agent:**MORRIS, MICHAEL  
400 4TH AVENUE  
NAPLES, FL 34102 US

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: MICHAEL MORRIS

01/09/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C/D ( ) Delete  
Name: WATT, EMILY J MS.  
Address: 8960 BAY COLONY DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: V/C ( ) Delete  
Name: MORRIS, MICHAEL H MR.  
Address: 2150 GOODLETTE ROUD STE 402  
City-St-Zip: NAPLES, FL 34102

Title: TS ( ) Delete  
Name: SACHS, NED R MR.  
Address: 3971 GULF SHORE BLVD. N. PH 302  
City-St-Zip: NAPLES, FL 34103

Title: V/D ( ) Delete  
Name: SUTTON, JENNY W MRS.  
Address: 801 TWELFTH AVENUE S. SUITE 200  
City-St-Zip: NAPLES, FL 34102

Title: ED ( ) Delete  
Name: SHAW, CAROL F  
Address: 6075 GOLDEN GATE PKWY  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: SEC ( ) Change (X) Addition  
Name: MAY, CAROL ANN  
Address: 325 SEDGWICK CT  
City-St-Zip: NAPLES, FL 34108

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: CAROL SHAW

ED

01/09/2004

Electronic Signature of Signing Officer or Director

Date