

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737816

FILED
Jan 05, 2006
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:

MERRITT, LISA MS.
787 5TH AVE SOUTH
NAPLES, FL 34102 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: C/TR () Delete
Name: MERRITT, LISA MS.
Address: 787 5TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: V/TR () Delete
Name: ACKERMAN, JEAN MS.
Address: 8477 BAY COLONY DR #501
City-St-Zip: NAPLES, FL 34108

Title: T/TR () Delete
Name: DENNY, CHARLES
Address: 7179 TORY LANE
City-St-Zip: NAPLES, FL 34108

Title: S/TR () Delete
Name: MUELLER, JOHN MR.
Address: 9105 CORSEA DEL FONTANA WAY
City-St-Zip: NAPLES, FL 34109

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

Title: V/TR () Delete
Name: WHITCOMB, JAYNIE MS.
Address: 4875 PELICAN COLONY BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL SHAW

ED

01/05/2006

Electronic Signature of Signing Officer or Director

Date