

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737816

FILED
Apr 14, 2008
Secretary of State

Entity Name: THE DAVID LAWRENCE FOUNDATION FOR MENTAL HEALTH, INC.

Current Principal Place of Business:

6075 BATHEY LANE
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

6075 BATHEY LANE
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:

KRAUSE, CHARLES MR.
880 SEA DUNE LANE
MARCO ISLAND, FL 34145 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: KRAUSE, CHARLES MR.
Address: 880 SEA DUNE LANE
City-St-Zip: MARCO ISLAND, FL 34145

Title: V/TR () Delete
Name: HENRY, JOHN MR.
Address: 708 TURKEY OAK LANE
City-St-Zip: NAPLES, FL 34108

Title: T/TR () Delete
Name: JENSEN, BILL MR.
Address: 998 SPANISH MOSS TRAIL
City-St-Zip: NAPLES, FL 34108

Title: S/TR () Delete
Name: OTTINA, MOLLIE MS.
Address: 1140 ROYAL PALM DR.
City-St-Zip: NAPLES, FL 34103

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V/TR (X) Change () Addition
Name: MUNRO, DICK MR.
Address: 3455 FT. CHARLES DR.
City-St-Zip: NAPLES, FL 34102

Title: T/TR (X) Change () Addition
Name: FAHEY, TOM MR.
Address: 545 VIA VENETO #202
City-St-Zip: NAPLES, FL 34108

Title: S/TR (X) Change () Addition
Name: STAR, ELIZABETH MRS
Address: 1435 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

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

Title: TR (X) Change () Addition
Name: STRANAHAN, ROBIN MRS
Address: 1091 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

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: CAROL SHAW

ED

04/14/2008

Electronic Signature of Signing Officer or Director

Date