2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#737816

FILED Apr 07, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6075 BATHEY LANE NAPLES, FL 34116

Current Mailing Address: New Mailing Address:

6075 BATHEY LANE NAPLES, FL 34116

FEI Number: 59-1756753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIPODO, BRENDON MR.

999 VANDERBILT BEACH RD.

NAPLES, FL 34108 US

BENSON, MICHAEL MR.

315 THIRD AVE. N

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 BENSON 04/07/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C/TR

Name: BENSON, MICHAEL MR. Address: 315 THIRD AVE. N City-St-Zip: NAPLES, FL 34102

Title: I/TR

Name: MUNRO, DICK MR.
Address: 3455 FT. CHARLES DR.
City-St-Zip: NAPLES, FL 34102

Title: T/TR

Name: MENDOZA, DANIEL MR.
Address: 800 LAUREL OAK DR STE 100

City-St-Zip: NAPLES, FL 34108

Title: S/TR

 Name:
 STAR, ELIZABETH MRS

 Address:
 1435 GALLEON DRIVE

 City-St-Zip:
 NAPLES, FL 34102

Title: ED

Name: SHAW, CAROL F Address: 6075 BATHEY LANE City-St-Zip: NAPLES, FL 34116

Title: V/TR

Name: STRANAHAN, ROBIN MRS Address: 1091 GALLEON DRIVE City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: CAROL SHAW ED 04/07/2011