

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762852

FILED
Jan 05, 2005
Secretary of State

Entity Name: DAVID LAWRENCE MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-2206025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIMMEL, DAVID C
6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116 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: SD () Delete
Name: ABERNATHY, KENNETH
Address: 4200 BELAIR LANE #108
City-St-Zip: NAPLES, FL 34103 US

Title: PD () Delete
Name: PEZESHKAN, LINDA
Address: 2309 HARRIER RUN
City-St-Zip: NAPLES, FL 34105 US

Title: D () Delete
Name: GAST, JOHN
Address: 801 LAUREL OAK DRIVE
City-St-Zip: NAPLES, FL 34108 US

Title: VD () Delete
Name: WHITNEY, SCOTT
Address: 22759 FOUNTAIN LAKE BLVD.
City-St-Zip: ESTERO, FL 33928 US

Title: TD () Delete
Name: KELLY, SHAUN
Address: 801 LAUREL OAK DRIVE
City-St-Zip: NAPLES, FL 34103

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: COX, JUSTYNA
Address: 3644 BELAIR LANE
City-St-Zip: NAPLES, FL 34103 US

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

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

Title: VD (X) Change () Addition
Name: KELLY, SHAUN
Address: 801 LAUREL OAK DRIVE
City-St-Zip: NAPLES, FL 34103 US

Title: TD (X) Change () Addition
Name: CROWN, HOWARD
Address: 1717 MARSH RUN
City-St-Zip: NAPLES, FL 34109

Title: D () Change (X) Addition
Name: ABERNATHY, KENNETH
Address: 4200 BELAIR LANE
City-St-Zip: NAPLES, FL 34103 US

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: LINDA PEZESHKAN

MRS

01/05/2005

Electronic Signature of Signing Officer or Director

Date