

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90390 047 \*\*\*\*61.25

**DOCUMENT # P29909**

1. Entity Name

THE MENNINGER CLINIC INCORPORATED



Principal Place of Business  
5800 S.W. 6 AVENUE  
TOPEKA KS 66606-9604

Mailing Address  
P.O. BOX 829  
TOPEKA KS 66601-0829

24034904



MOORE CR2E037 (11/03)

2. Principal Place of Business

2801 Gessner Drive  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 809045  
Suite, Apt. #, etc.

City & State

Houston TX

City & State

Houston TX

4. FEI Number

48-1036688

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT-CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
FRICKE, HOWARD R  
1 SW SECURITY BENEFIT PL  
TOPEKA KS 66606 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
FOX, JAMES P  
5800 SW 6TH AVENUE  
TOPEKA KS 66606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
AITKEN, IAN  
5800 SW 6TH AVENUE  
TOPEKA KS 66606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCKELVEY, JOHN  
5800 SW 6TH AVENUE  
TOPEKA KS 66606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. Fox

3/30/04

713-275-5000

Date

Daytime Phone #

**The Menninger Clinic  
Officers  
August 2003**

Attachment

241349024

# P 29207

John McKelvey  
The Menninger Foundation  
2801 Gessner Drive  
Houston, TX 77080

President & CEO

Ian Aitken  
The Menninger Foundation  
2801 Gessner Drive  
Houston, TX 77080

Executive Vice President

Jim Fox  
The Menninger Foundation  
2801 Gessner Drive  
Houston, TX 77080

Vice President & CFO

Richard Munich  
The Menninger Foundation  
2801 Gessner Drive  
Houston, TX 77080