

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40268 (5)

1. Corporation Name
SHADOWOOD ADOLESCENT CENTER, INC.



Principal Place of Business Mailing Address
1569 LEWIS LANE NEW SMYRNA BEACH FL 32168 **620 DEVON ST. PORT ORANGE FL 32127**

3. Date Incorporated or Qualified **08/31/1992** 3a. Date of Last Report **01/18/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 76-0346201	Applied For
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc.			Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
STEINMETZ, BERNARD 620 DEVON ST. PORT ORANGE FL 32127		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, BERNIE	1.2 NAME	
STREET ADDRESS	620 DEVON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, DEBORAH	2.2 NAME	
STREET ADDRESS	620 DEVON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERSON, ROY	3.2 NAME	
STREET ADDRESS	35 PENN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLYMER PA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERSON, NANCY	4.2 NAME	
STREET ADDRESS	35 PENN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLYMER PA	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIDLER, STEPHANIE	5.2 NAME	
STREET ADDRESS	3660 DAME ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernie Steinmetz **BERNIE STEINMETZ** Pres/CEO 1-21-96 504-760-1649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)