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CORPORATION
ANNUAL REPORT
1995



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

95 FEB 15 PM 2:32

DOCUMENT # **720479** (5)

1. Corporation Name
LIFESTREAM BEHAVIORAL CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**215 N. THIRD STREET
PO BOX 491000
LEESBURG FL 34749-1000
US**

3. Date Incorporated or Qualified **03/12/1971** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1561501** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **515 W. Main Street** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip **34748** Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LACEY, BERT
215 N. THIRD STREET
LEESBURG FL 32740**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **515 W. Main Street**
B4 City **FL** B5 Zip Code **34748**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Terry W. Jackson* DATE **2/7/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SELLERS, JOE H.
STREET ADDRESS	1123 W. MAIN ST.
CITY - ST - ZIP	LEESBURG FL
TITLE	D
NAME	DAVIS, JO
STREET ADDRESS	432 N. EUSTIS ST.
CITY - ST - ZIP	EUSTIS FL
TITLE	D
NAME	DONOHUE, RICHARD F.
STREET ADDRESS	380 EAST LAKE STREET
CITY - ST - ZIP	UMATILLA FL
TITLE	DVP
NAME	LANE, JOHN D.
STREET ADDRESS	790 ANDERSON DRIVE
CITY - ST - ZIP	TAVARES FL
TITLE	DP
NAME	JACKSON, TERRY W.
STREET ADDRESS	204 N. LEE STREET
CITY - ST - ZIP	LEESBURG FL
TITLE	D
NAME	DAVIS, JANET
STREET ADDRESS	800 PALM AVE
CITY - ST - ZIP	LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Vice Chairman
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Chairman
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Treasurer
6.3 STREET ADDRESS	Stokes, Sandy
6.4 CITY - ST - ZIP	1035 W. Dixie Avenue Leesburg, FL 34748

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 110.07(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: *Terry W. Jackson* Terry W. Jackson 904-787-1981
Signature and typed or printed name of signing officer or director DATE: **02/07/95**



BOARD OF DIRECTORS - 1995

Rev. Dr. Terry W. Jackson, Chairman
204 No. Lee Street
Leesburg, FL 34748

Joy Kauffman
4315 Lake St. (Helena Cove)
Leesburg, FL 34748

John D. Lane, Vice Chairman
790 Anderson Drive
Tavares, FL 32778

Gene Mathews
P. O. Box 1809
Eustis, FL 32727-1809

Constance Patrowicz, Secretary
1700 Clounry Club Road
Eustis, FL 32726

Sharon Myers
P. O. Box 814
Eustis, FL 32727-0814

Sandy Stokes, Treasurer
1035 West Dixie Avenue
Leesburg, FL 34748

Joe Sellers
1123 W. Main Street
Leesburg, FL 34748

Welton G. Cadwell, Jr.
P. O. Box 7800
Tavares, FL 32778-7800

Levi Solomon
10101 County Road 237
Oxford, FL 34484

James D. Caldwell
Mission Inn Resort
Howey-in-the-Hills, FL 34737

Rebecca Thornton
P. O. Box 58
Lake Panasoffkee, FL 33538

Jo Davis
432 N. Eustis Street
Eustis, FL 32726

Richard Donohue
380 E. Lake Street
Umatilla, FL 32784