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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 720479 (5)
1. Corporation Name
LIFESTREAM BEHAVIORAL CENTER, INC.

Principal Place of Business Mailing Address

215 N. THIRD STREET PO BOX 491000 LEESBURG FL 34749-1000 US

215 N. THIRD STREET PO BOX 491000 LEESBURG FL 34749-1000 US

2. Principal Place of Business 21. 515 W. Main Street

2a. Mailing Address 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 34748 28. Country 29. Zip 30. Country

DO NOT WRITE IN THIS SPACE

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

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 reinstating)

| 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