

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720479 (5)**  
1. Corporation Name  
**LIFESTREAM BEHAVIORAL CENTER, INC.**



Principal Place of Business <b>515 W MAIN STREET LEESBURG FL 34748 US</b>	Mailing Address <b>P.O. BOX 491000 LEESBURG FL 34749-1000</b>
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3. Date Incorporated or Qualified <b>03/12/1971</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-1561501</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**HARGROVE, JR. JACK H.  
515 W. MAIN STREET  
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SELLERS, JOE H.</b>
STREET ADDRESS	<b>1123 W. MAIN ST.</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, JO</b>
STREET ADDRESS	<b>432 N. EUSTIS ST.</b>
CITY-ST-ZIP	<b>EUSTIS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DONOHUE, RICHARD F.</b>
STREET ADDRESS	<b>380 EAST LAKE STREET</b>
CITY-ST-ZIP	<b>UMATILLA FL</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE
NAME	<b>LANE, JOHN D.</b>
STREET ADDRESS	<b>790 ANDERSON DRIVE</b>
CITY-ST-ZIP	<b>TAVARES FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>JACKSON, TERRY W.</b>
STREET ADDRESS	<b>204 N. LEE STREET</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>STOKES, SANDY</b>
STREET ADDRESS	<b>1035 W DIXIE AVENUE</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>

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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)