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Feb 18, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-18-1999 90083 025 *****70.00

DOCUMENT # 720479

1. Corporation Name

LIFESTREAM BEHAVIORAL CENTER, INC.

Principal Place of Business

515 W MAIN STREET
LEESBURG FL 34748
US

Mailing Address

P.O. BOX 491000
LEESBURG FL 34749-1000



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/12/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-1561501

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARGROVE, JR. JACK H.
515 W. MAIN STREET
LEESBURG FL 34748

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME SELLERS, JOE H.
STREET ADDRESS 1123 W. MAIN ST.
CITY-ST-ZIP LEESBURG FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME DAVIS, JO
STREET ADDRESS 432 N. EUSTIS ST.
CITY-ST-ZIP EUSTIS FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME DONOHUE, RICHARD F.
STREET ADDRESS 380 EAST LAKE STREET
CITY-ST-ZIP UMATILLA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VCD DELETE
NAME LANE, JOHN D.
STREET ADDRESS 790 ANDERSON DRIVE
CITY-ST-ZIP TAVARES FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CD DELETE
NAME JACKSON, TERRY W.
STREET ADDRESS 204 N. LEE STREET
CITY-ST-ZIP LEESBURG FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD DELETE
NAME STOKES, SANDY
STREET ADDRESS 1035 W DIXIE AVENUE
CITY-ST-ZIP LEESBURG FL 34748

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

352-360-6575

Date

Daytime Phone #

CR2E037 (1/98)