


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90001 042 \*\*\*\*70.00

**DOCUMENT #720479**

1. Entity Name  
**LIFESTREAM BEHAVIORAL CENTER, INC.**



Principal Place of Business  
**15 W MAIN STREET**  
**LEESBURG, FL 34748 US**

Mailing Address  
**P.O. BOX 491000**  
**LEESBURG, FL 34749-1000**

**54059759**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State  
 City & State

Zip  
 Country

4. FEI Number  
**59-1561501**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT Q**  
**380 W ALFRED ST**  
**TAVARES, FL 32778**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, JOE H. 1123 W. MAIN ST. LEESBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, TIMOTHY 9605 SILVER LAKE DRIVE TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DUNCAN, BRUCE 308 E. 5TH AVENUE MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACKSON, TERRY W. 204 N. LEE STREET LEESBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, TIMOTHY 9605 SILVER LAKE DRIVE LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEEDY, DOROTHY 201 E MAIN STREET TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jonathan M. Cherry* **Jonathan M. Cherry** President/CEO **1-15-04** (352) 315-7506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54059759  
# 720479

BOARD OF DIRECTORS - 2004

Rev. Dr. Terry W. Jackson, Chair.  
204 N. Lee Street  
Leesburg, FL 34748

Joe Sellers  
1123 W. Main Street  
Leesburg, FL 34748

Bruce G. Duncan, Vice Chair.  
Potter Clement Lowry & Duncan  
308 E. Fifth Avenue  
Mount Dora, FL 32757.

Legal Counsel:  
Robert Q. Williams  
380 W. Alfred Street  
Tavares, FL 32778

Dorothy Keedy, Secretary  
City of Tavares  
P O Box 1068  
Tavares, FL 32778

Revised: 01/01/04

Timothy Morris, Treasurer  
9605 Silver Lake Drive  
Leesburg, FL 34788

Jonathan M. Cherry, President/CEO  
LifeStream Behavioral Center  
P O Box 491000  
Leesburg, FL 34749-1000

Ann Bower  
Thomas E. Langley Medical Center  
1425 S. US Highway  
Sumterville, FL 33585

Gail Baker  
Colonial Bank  
2803 So. Bay Street  
Eustis, FL 32726

Claire Hedcock  
5445 E. Harbor Drive  
Fruitland Park, FL 34731

Dr. Rufus M. Holloway  
1616 Lake Shore Drive  
Orlando, FL 32803

Marion J. McNair  
11304 Lakeview Drive  
Leesburg, FL 34788

Mark Palmer  
Lake Co. Sheriff's Department  
360 W. Ruby Street  
Tavares, FL 32778

Daniel E. Skidmore  
12374 US Highway 301No.  
Oxford, FL 34484