


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90040 022 ****70.00

DOCUMENT # 720479	
1. Entity 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
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01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1561501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, ROBERT Q 380 W ALFRED ST TAVARES, FL 32778

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, JOE H. 1123 W. MAIN ST. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, TIMOTHY 9605 SILVER LAKE DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DUNCAN, BRUCE 308 E. 5TH AVENUE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACKSON, TERRY W. 204 N. LEE STREET LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, TIMOTHY 9605 SILVER LAKE DRIVE LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEEDY, DOROTHY 201 E MAIN STREET TAVARES, FL 32778

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IN THIS SPACE**

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 1/5/05 315-7506
(Signature and Typed or Printed Name of Signing Officer or Director) Date Daytime Phone #

President/CEO