


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90071 018 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1561501	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, ROBERT Q 380 W ALFRED ST TAVARES, FL 32778			Name American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 401 E. Jackson St., Suite 1700 City Tampa FL Zip Code 33602		
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 <i>Joseph Rugg</i> Signature, typed or printed name of registered agent and title if applicable.		Vice President (Joseph Rugg) 1-30-06		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Jonathan M. Cherry 515 W. Main Street Leesburg, FL 34748
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	VCD <input checked="" 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	CD <input checked="" 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	D <input checked="" 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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Paul Gross 1730 Peninsula Drive Tavares, FL 32778
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 exemptions contained in Chapter 119, 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: <i>Jonathan M. Cherry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Jonathan M. Cherry, CEO		1-24-06 352-315-7506 Date Daytime Phone #	



ATTACHMENT
60012373
#720479



Fort Lauderdale
Jacksonville
Miami
New York
Orlando
Tallahassee
Tampa
Washington, DC
West Palm Beach

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David M. Abel, Paralegal
813 209 5033
david.abel@akerman.com

January 30, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LIFESTREAM BEHAVIORAL CENTER, INC.

Dear Sir or Madam:

Enclosed, please find the 2006 Not-For-Profit Corporation Annual Report for the above company. The filing fee of \$70.00 is attached which includes an additional \$8.75 for a Certificate of Status. Please send the Certificate of Status to the principal office address to the attention of Mr. Jonathan Cherry.

Sincerely

AKERMAN SENTERFITT

David M. Abel
Paralegal

Enclosures
cc: K. Davis w/encl.