

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720479

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: LIFESTREAM BEHAVIORAL CENTER, INC.

**Current Principal Place of Business:**

515 W MAIN STREET  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 491000  
LEESBURG, FL 347491000

**New Mailing Address:**

FEI Number: 59-1561501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: CHERRY, JONATHAN M  
Address: 515 W. MAIN ST  
City-St-Zip: LEESBURG, FL 34748

Title: VCD ( ) Delete  
Name: MORRIS, TIMOTHY  
Address: 9605 SILVER LAKE DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: CD ( ) Delete  
Name: DUNCAN, BRUCE  
Address: 1300 CITIZENS BLVD  
City-St-Zip: LEESBURG, FL 32748

Title: D ( ) Delete  
Name: JACKSON, TERRY W.,  
Address: 728 LAKE DORA DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: TD ( ) Delete  
Name: GROSS, PAUL  
Address: 1703 PENINSULA DR  
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete  
Name: KEEDY, DOROTHY  
Address: 118 E. MAGNOLIA AVENUE  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: DUNCAN, BRUCE  
Address: 1023 W. DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 32748

Title: D (X) Change ( ) Addition  
Name: JACKSON, TERRY W  
Address: 728 LAKE DORA DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN M. CHERRY

Electronic Signature of Signing Officer or Director

PCEO

02/09/2009

\_\_\_\_\_ Date