

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