

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90166 037 ****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
Suite, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1561501** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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

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 _____

FILE NOW: FEE IS \$61.25

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	SD PARTOWICZ, CONSTANCE 1700 COUNTRY CLUB ROAD EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
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 JACKSON, TERRY W. 204 N. LEE STREET LEESBURG FL	<input type="checkbox"/> Delete
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	See Attached	<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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **RECEIVED** 1/27/03 352-315-7506

CR2E037 (10/02)

ATTACHMENT

10016963

LifeStream Behavioral Center -BOARD OF DIRECTORS - 2003

Doc # 720479

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

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

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

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

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

Joe Sellers
1123 W. Main Street
Leesburg, FL 34748
H: 787-3852
O: 787-4343 FAX: 787-4674

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

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

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

Gail Baker
Colonial Bank
1330 Citizens Blvd.,
Leesburg, FL 34748

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

Marion J. McNair
11304 Lakeview Drive
Leesburg, FL 34788