NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

721283

(0)

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC

Principal Place of Business Mailing Address

2739 US HWY. 19
HOLIDAY FL 34691

P.O. BOX 428
NEW PORT RICH

APPROMID
AND
PRESS

1796 HAR 15 19 1: 52

ANTENNA MENTANTA



HOLIDAY FL	34691	NEW PORT HICHET FL	34636-0	H20					
US		US				3. Date Incorporated or Qualified 06/30/1971	_	of Last R 05/01/19	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
1		26				59-1371752			ot Applicable
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X)		Additional equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	_	ountry		8. This corporation has liability for in			99.032,
	25	29	30			Florida Statutes 10. Name and Address of New Re	Yes N		
	9. Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New Ne	gistered A	Seur	
				101					
	THOMAS M. SR.			82 Street Address (P.O. Box Number is Not Acceptable)					
14948 NEW PORT ROAD				83					
CLEARW	VATER FL 83546 ・346aケー			03					
	,			84	City		FL	85 Zip	Code
or registere	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authorize	зогрупп	e corp	oration's bo	oration submits this statement for the purpoard of directors. I hereby accept the appo	intment as r	egistered a	agent. I am
SIGNATURE _							DATE		
	Signature typed or printed name of registered agent a OFFICERS AND			ared Ager 3.	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
12.	OFFICERS AND	DELETE		1 TITLE	1	VP		Change	Addition
THELF	BARNETT, BEVERLY	Посселе		2 NAME		Timko, Sr., Thomas M.	_		_
NAME	*5425 MAIN ST		- 1			14948 New Port Road			
STREET ADORESS	NEW PORT-RICHEY FL			4 CITY-5	1	Clearwater, F1.			
CITY - ST - ZIP TITLE	SD SD	DELETE		1 TITLE	.,	V + V V + V V + V + V + V + V + V + V +		Change	Addition
NAME	gauthier, A. Ruth	_	2.3	2.2 NAME		9000 -0371575	01.7	45.1	LECT
STREET ADDRESS	6936 MESA VERDESS		2.	3 STREE	T ADDRESS	[班~~UIL	193E	ll II
CHY-ST-ZIP	PORT RICHEY FL		2	4 CITY-	ST-ZIP	*****			Մ.ԱՍ
TITLE	-CD -	DELETE	3	1 TITLE		!	R	Change	Addition
NAME	SMOLKER, DAVID, ESQ.		3	2 NAME		Gray, Rick H.			
STREET ADORESS	574 PARKWAY BLVD:		3	3 STREE		2739 U.S. Hwy 19, Suit	e 600		
CITY-ST-ZIP	· LAND O' LAKES FL		3	4 CITY-	ST-ZIP]	Holiday, Fl.		- 1 Ol	The Addition
TITLE	VCD	DELETE	4.	.1 TITLE	l		X	Change	Addition Addition
NAME	MARLARKEY, PATRICIA F		4.	. 2 NAME		Stallard, Patricia F.			
STREET ADDRESS	8102 PINEAPPLE LANE		4.	3 STREE	T ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL			4 CHY-				7 Channe	Addition
TITLE	-D -	DELETE		1 TITLE	1.	rd	*	Change	☐ Madulott
NAME	HELIE, KING		_	.2 NAME		∪			
STREET ADDRESS	3707 CORSAIR COURT				T ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL	Florier		4 CITY-	ST - ZIP			Change	Addition
TITLE	- 10 -	DELÉTE		1 TITLE		CĐ	X	To sound o	Λ 4 4
NAME	LAPORTE, ESQ., CRAIG A.			2 NAME		•		_	1 / N
STREET ADDRESS	11914 OAK TRAIL WAY		6	3 STREE	T ADDRESS				21121 .

CITY-ST-ZIP PORT RICHEY FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if chapters, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/96 Deto

(813) 943-5566-Ext258

Daytime Phone #

CR2E037 (12/

1201 HAYS STREET TALLAHASSEE, FL 32301 904-222-9171 904-222-0393 FAX 800-342-8086 72/283 pg.2



EFUAL & FLAMICIAL SI	RVICIAI							
	ACCOUNT NO.	: 0721000000	32					
	REFERENCE	: 883246	5020246					
	AUTHORIZATION	:						
	COST LIMIT	: \$ PREPAID						
ORDER DATE	: March 15, 1996							
ORDER TIME	: 10:34 AM							
ORDER NO.	: 883246							
CUSTOMER NO: 5020246								
CUSTOMER: Carol C. Sullivan, Legal Asst Thornton Torrence & Gonzales, Suite One 6645 Ridge Road Port Richey, FL 34668								
ANNUAL REPORT FILING								

THE HARBOR BEHAVIORAL HEALTH

CARE INSTITUTE, INC.

XX ANNUAL REPORT

NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS:

95 M/R 15 PM/2: 25