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Mar 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721283 (0)

1. Corporation Name

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC

Principal Place of Business

Mailing Address

2739 US HWY. 19
HOLIDAY FL 34691
US

P.O. BOX 428
NEW PORT RICHEY FL 34656-0428
US

3. Date Incorporated or Qualified
06/30/1971

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-1371752

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIMKO, THOMAS M. SR.
14948 NEW PORT ROAD
CLEARWATER FL 34624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME TIMKO, THOMAS M SR.
STREET ADDRESS 14948 NEW PORT ROAD
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~BO~~
NAME GAUTHIER, A. RUTH
STREET ADDRESS 8838 MESA VERDESS
CITY-ST-ZIP PORT RICHEY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P
NAME GRAY, RICK H
STREET ADDRESS 2739 U.S. HWY 19, SUITE 600
CITY-ST-ZIP HOLIDAY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VCD
NAME STALLARD, PATRICIA F
STREET ADDRESS 8102 PINEAPPLE LANE
CITY-ST-ZIP PORT RICHEY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~JD~~
NAME HELIE, KING
STREET ADDRESS 3707 CORSAIR COURT
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~CD~~
NAME LAPORTE, CRAIG A ESQ.
STREET ADDRESS 11914 OAK TRAIL WAY
CITY-ST-ZIP PORT RICHEY FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)