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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-1371752 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 7809 Massachusetts Ave

2a. Mailing Address
26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State: New Port Richey FL

28 City & State

24 Zip: 34653 25 Country: US

29 Zip 30 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ~~☐~~ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TORRENCE, ALFRED W. JR.
6645 RIDGE ROAD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VP~~	☒ DELETE	1.1 TITLE	VP	☒ Change ☒ Addition
NAME	~~TIMKO, THOMAS M SR.~~		1.2 NAME	MARIE DENNIS	
STREET ADDRESS	~~14940 NEW PORT ROAD~~		1.3 STREET ADDRESS	1913 DARTMOUTH DR.	
CITY-ST-ZIP	~~CLEARWATER FL~~		1.4 CITY-ST-ZIP	Holiday FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GAUTHIER, A. RUTH		2.2 NAME		
STREET ADDRESS	6936 MESA VERDESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	~~P~~	☒ DELETE	3.1 TITLE	INTERIM PRES/CEO	☒ Change ☒ Addition
NAME	~~GRAY, RICK H~~		3.2 NAME	IRENE K. RICKUS	
STREET ADDRESS	~~2739 U.S. HWY 19, SUITE 600~~		3.3 STREET ADDRESS	10514 BOBCAT DRIVE	
CITY-ST-ZIP	~~HOLIDAY FL~~		3.4 CITY-ST-ZIP	New Port Richey FL	
TITLE	VCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STALLARD, PATRICIA F		4.2 NAME		
STREET ADDRESS	8102 PINEAPPLE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HELIE, KING		5.2 NAME		
STREET ADDRESS	3707 CORSAIR COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAPORTE, CRAIG A ESQ.		6.2 NAME		
STREET ADDRESS	11914 OAK TRAIL WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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.

SIGNATURE: Patricia F. Mallard-Stallard 4-29-98 534-3287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069051