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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **721283**

1. Corporation Name

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC

Principal Place of Business	Mailing Address
7809 MASSACHUSETTS AVE NEW PT RICHEY FL 34653 US	P.O. BOX 428 NEW PORT RICHEY FL 34656-0428 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/30/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1371752 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		☐ Change ☐ Addition
NAME	MARIE DENNIS		1.2 NAME		
STREET ADDRESS	1913 DARTMOUTH DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		1.4 CITY-ST-ZIP		
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	PCEO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	IRENE K RICKUS		3.2 NAME		
STREET ADDRESS	10514 BOBCAT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL		3.4. CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: Signature Required 3/29/99 (727) 841-4200, x226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 - (11/98)