2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 MAR 30 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721283

1. Entity Name

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC.

MOORE CR2E037 (11/03)

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

700031552757
03/31/04--01019--026 **70.00

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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	TD CHESNUT, PHILIP 6331 GARLAND CT NEW PORT RICHEY FL 34652	☐ Delete	D RICKUS, IRENE K. 7809 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GAUTHIER, A. RUTH 6936 MESA VERDESS PORT RICHEY FL	☐ Delete	D GAUTHIER A. RUTH 6936 MESA VERDE ST. PORT RICHEY, FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, BEVERLY 6220 MISSOURI AVE NEW PORT RICHEY FL 34653	☐ Delete	S D BARNETT, BEVERLY 6220 MISSOURI AVE. NEW PORT RICHEY, FL 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHOUSE, MARY E 20 N. MAIN ST. BROOKSVILLE FL 34601	☐ Delete	VC / D WHITEHOUSE, MARY E. 20 N. MAIN ST. ROOM 460 BROOKSVILLE, FL 34610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HELIE, KING 3707 CORSAIR COURT NEW PORT RICHEY FL	☐ Delete	C / D HELIE, KING 3707 CORSAIR COURT NEW PORT RICHEY, FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TODARO, MAUREEN 1740 FAIRFIELD ST HOLIDAY FL 34691	☐ Delete	D NORRIS, DONNA 13288 DAYSDALE ST. SPRING HILL, FL 34609	☐ Change ☒ 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: Irene K. Rickus IRENE K. RICKUS 03/02/04 841-4200 C727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #