

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 764399 (2)  
1. Corporation Name  
CLAY COUNTY BEHAVIORAL HEALTH CENTER, INC.



Principal Place of Business

3292 COUNTY ROAD 220  
MIDDLEBURG FL 32068

Mailing Address

3292 COUNTY ROAD 220  
MIDDLEBURG FL 32068

3. Date Incorporated or Qualified  
08/03/1982

3a. Date of Last Report  
06/05/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

4. FEI Number  
59-2219317

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

PUOL, LAURIE  
3292 COUNTY RD 220  
SUITE 107  
MIDDLEBURG FL 32068

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 PBOD  
NAME GRIM, JANET M L.M.F.T  
STREET ADDRESS 2399 OAK CT.  
CITY-ST-ZIP ORANGE PARK FL ☒ DELETE

TITLE PED  
NAME ADAMS, JOHN C  
STREET ADDRESS 2322 GLEN FINNAN DR  
CITY-ST-ZIP ORANGE PARK FL ☐ DELETE

TITLE SBOD  
NAME KEENE, JO  
STREET ADDRESS KEENE, JO  
CITY-ST-ZIP ORANGE PARK FL ☒ DELETE

TITLE ED  
NAME POUL, LAURIE M CMHA  
STREET ADDRESS 2223 ASTOR ST PF6  
CITY-ST-ZIP ORANGE PARK FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PBOD ☒ Change ☐ Addition  
1.2 NAME John Adams, CPA  
1.3 STREET ADDRESS 2322 Glen Finnan Drive  
1.4 CITY-ST-ZIP Orange Park, FL 32073

2.1 TITLE PED ☐ Change ☐ Addition  
2.2 NAME Dr. Lewis Seaton (Deceased)  
2.3 STREET ADDRESS Currently Vacant  
2.4 CITY-ST-ZIP

3.1 TITLE SBOD ☒ Change ☐ Addition  
3.2 NAME Virginia Hall Steinmetz  
3.3 STREET ADDRESS 1834 Shoal Creek Circle  
3.4 CITY-ST-ZIP Green Cove Springs, FL 32043

4.1 TITLE ED ☒ Change ☐ Addition  
4.2 NAME PRICE, LAURIE POUL CMHA  
4.3 STREET ADDRESS 323 Scenic Point Ln  
4.4 CITY-ST-ZIP Orange park, FL 32073

5.1 TITLE TBOD ☐ Change ☒ Addition  
5.2 NAME Beth Linder, CPA  
5.3 STREET ADDRESS 1665 Kingsley Ave #100  
5.4 CITY-ST-ZIP Orange Park, FL 32073

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LAURIE POUL PRICE

EXECUTIVE DIRECTOR

Date

(904) 291-5290

Daytime Phone #

CR2E037 (12/95)