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FILED
Feb 11 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 # 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 32068-4357

3. Date Incorporated or Qualified
08/03/1982

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Laurie Price

82

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

3292 County Road 220

83

84

City

Middleburg

FL

85

Zip Code

32068

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

TITLE TBOD ☒ DELETE
NAME LINDER, BETH CPA
STREET ADDRESS 1665 KINGSLEY AVE, #100
CITY-ST-ZIP ORANGE PARK FL

TITLE SBOD ☐ DELETE
NAME STEINMETZ, VIRGINIA HALL
STREET ADDRESS 1834 SHOAL CREEK CIRCLE
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ED ☐ DELETE
NAME PRICE, LAURIE POUL CM
STREET ADDRESS 323 SCENIC POINT LN
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE TBOD ☒ Change ☐ Addition
2.2 NAME Carol Vallencourt
2.3 STREET ADDRESS 3345 Shenandoah Drive W.
2.4 CITY-ST-ZIP Orange Park, FL 32065

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

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

5.1 TITLE SBOD ☐ Change ☒ Addition
5.2 NAME Rev. Robert Standifer
5.3 STREET ADDRESS 2063 Park Avenue
5.4 CITY-ST-ZIP Orange Park, FL 32065

6.1 TITLE ☐ Change ☐ Addition
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)