

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90033 014 ****61.25

DOCUMENT # 764399

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
23		27		59-2219317	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
25		29		30	
Country		Country			

9. Name and Address of Current Registered Agent

PRICE, LAURIE
3292 COUNTY ROAD 220
SUITE 107
MIDDLEBURG FL 32068

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, VIRGINIA HALL	1.2 NAME	
STREET ADDRESS	1834 SHOAL CREEK CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	1.4 CITY-ST-ZIP	
TITLE	SBOD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIM, JANET	2.2 NAME	
STREET ADDRESS	239 OAK CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	VBOD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDIFER, ROBERT R	3.2 NAME	
STREET ADDRESS	2063 PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, LAURIE POUL CM	4.2 NAME	
STREET ADDRESS	323 SCENIC POINT LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	
TITLE	SBOD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANDIFER, ROBERT R	5.2 NAME	TBOD
STREET ADDRESS	2063 PARK AVE	5.3 STREET ADDRESS	Vallencourt, Carol
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	3345 Shenandoah Drive W.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Orange Park, Florida 32073
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

4/5/99 904-291-5290

CR2E037 (1/98)