


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 764399

1. Corporation Name

CLAY COUNTY BEHAVIORAL HEALTH CENTER, INC.

Principal Place of Business

3282 COUNTY ROAD 220
MIDDLEBURG FL 32068

Mailing Address

3282 COUNTY ROAD 220
MIDDLEBURG FL 32068

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1982

5. FEI Number

59-2219317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

01 OCT 17 PM 2:21

000004662730--3

-11/01/01--01050--004

****245.00 ****245.00



REINSTATEMENT 01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PBOD	SANDIFER, ROBERT REV. Robertson, Ron	2063 PARK AVENUE 1310 Harbor Rd.	ORANGE PARK FL 32073 32043 Green Cove Springs FL
SBOD VBOD	GRIM, JANET	239 OAK CT	ORANGE PARK FL 32073
VBOD SBOD	BRIDGEWATER, CANDACE Linder, Beth	2095 GALT MYRTLE LANE 2289 Emily's Way	ORANGE PARK FL 32073 32043 Green Cove Springs, FL
ED CEO	PRICE, LAURIE POULOM Atchison, Gail PhD	823 SCENIC POINT LN 306 Edinburgh Lane	ORANGE PARK FL
TBD	WALLENGOURT, CAROL Washington, Brian	3345 CHENANDOOH DRIVE, W 2579 Heather Oaks Court	ORANGE PARK FL 32073
VPF	Parker, Jennifer	2121 Burwick Ave #101	Orange Park FL 32073

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name
Atchison, Gail
Street Address (P.O. Box Number is Not Acceptable)
3292 County Rd 220
Suite, Apt. #, Etc.
City
Middleburg
State
FL
Zip Code
32068

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Gail Atchison

REGISTERED AGENT MUST SIGN

Date

10/16/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jennifer Parker V.P. Finance Jennifer Parker 10/16/01

Date

Daytime Phone #

(904) 291-5290

CR2E040 (8/01)