

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764399

FILED
Jul 01, 2005
Secretary of State

Entity Name: CLAY BEHAVIORAL HEALTH CENTER, INC.

Current Principal Place of Business:

3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

1726 KINGSLEY AVE
STE 2
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-2219317 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ATCHISON, GAIL
3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

TOTO, IRENE M
3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068 US

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.

SIGNATURE: IRENE M. TOTO

07/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: SIMMONS, WILLIAM
Address: 1828 NORTH GLEN CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: C () Delete
Name: ANDERSON, JERRY REV
Address: 2099 WINTERBOURNE DRIVE, UNIT 208
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: KIRKMAN, BARBARA
Address: 1837 COLONIAL DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: JETT, JAMES
Address: 1550 CHAIN FERN WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: CEO () Delete
Name: ATCHISON, GAIL PHD
Address: 1747 OCEAN GROVE DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: CFO () Delete
Name: PARKER, JENNIFER
Address: 547 BOWIE BLVD
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STANDIFER, BOB
Address: 1724 PLAINFIELD AVENUE
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: TOTO, IRENE LMHC
Address: 2265 POST STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: DOF (X) Change () Addition
Name: SWATHWOOD, TINA
Address: 1826 CREEKBANK DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE M. TOTO

CEO

07/01/2005

Electronic Signature of Signing Officer or Director

Date