

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764399

FILED
Mar 28, 2006
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)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: STANDIFER, BOB
Address: 1724 PLAINFIELD AVENUE
City-St-Zip: ORANGE PARK, FL 32073

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/28/2006

Electronic Signature of Signing Officer or Director

_____ Date