

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91452 031 ****70.00

DOCUMENT # 764399

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2219317**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PBOD
LINDER, BETH
2289 EMILY'S WAY
GREEN COVE SPRINGS FL 32043** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VBOD
ANDERSON, GERALD W
2099 WINTERBOURNE DRIVE, UNIT 208
ORANGE PARK FL 32073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TBOD
WASHINGTON, BRIAN
2579 HEATHER OAKS COURT
ORANGE PARK FL 32073** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SBOD
SEWELL, CAROLYN
2629 EAGLE BAY DRIVE
ORANGE PARK FL 32073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10, or Block 11, if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Signature Required

Date

Daytime Phone #

CR2E037 (10/02)

90113320
Attachment to #264399

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION
OF
CLAY COUNTY BEHAVIORAL HEALTH CENTER, INC.

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act, the undersigned corporation adopts the following Amendment to its Articles of Incorporation:

1. The name of the corporation shall be changed to:

CLAY BEHAVIORAL HEALTH CENTER, INC.

The foregoing Amendment to the Articles of Incorporation was adopted by the unanimous vote of the Directors of the Corporation at a duly called Directors meeting held on January 9th, 2003. The number of votes cast for the amendment by the Shareholders was sufficient for approval. No more than one (1) voting group was entitled to vote on the amendment.

DATED this 14th day of January, 2003.

CLAY COUNTY BEHAVIORAL HEALTH
CENTER, INC.

By: Beth A. Linder
Beth Linder, President,

STATE OF FLORIDA
COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared Beth Linder, as President, of Clay County Behavioral Health Center, Inc., a Florida corporation, on behalf of the corporation. She is personally known to me.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the County and State aforesaid, this 14 day of January, 2003.

Deborah K. Smart



Deborah K. Smart
Commission #00099188
Expires Aug 7, 2004
Bonded Firm
Atlantic Bonding Co., Inc.

Notary Public - State of Florida
(Official Stamp)