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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94155** (1)
1. Corporation Name
CHARTER BEHAVIORAL HEALTH SYSTEM OF JACKSONVILLE, INC.



Principal Place of Business
**3947 SALISBURY RD
JACKSONVILLE FL 32216
US**

Mailing Address
**577 MULBERRY ST
PO BOX 209
MACON GA 31202-0209**

3. Date Incorporated or Qualified
08/11/1982

3a. Date of Last Report
02/02/1996

4. FEI Number
58-1483015

Applied For
☐ Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	COBERN, JOSEPH M	3414 PEACHTREE RD NE SUITE 1400	ATLANTA GA	<input type="checkbox"/>
D	MCRAE, GLENN A	577 MULBERRY ST	MACON, GA 00000	<input checked="" type="checkbox"/>
DV	MCCAULEY, JOHN C	577 MULBERRY ST	MACON, GA 00000	<input checked="" type="checkbox"/>
P	JOHNSON, JIM	3414 PEACHTREE ROAD NE, SUITE 1400	ATLANTA GA	<input type="checkbox"/>
S	FILUSH, JAMES M	577 MULBERRY ST	MACON, GA 00000	<input type="checkbox"/>
T	SANFORD, CHARLOTTE A	3414 PEACHTREE RD NE SUITE 1400	ATLANTA GA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James M. Filush*
James M. Filush
Secretary

1-9-97 (912) 742-1161

CR2E034 (9/96)