

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005835

FILED
Jan 10, 2007
Secretary of State

Entity Name: COASTAL RENAISSANCE BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

1565 STATE STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1599
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-1130528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAUFFIELD, CHRISTINE
1565 STATE STREET
SARASOTA, FL 34236 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: PD () Delete
Name: CAUFFIELD, CHRISTINE DR.
Address: 1565 STATE STREET
City-St-Zip: SARASOTA, FL 34236

Title: CEOD () Delete
Name: ELLER, J. SCOTT
Address: 1401 16TH STREET
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: THOMPSON, JERRY DR.
Address: 1565 STATE STREET
City-St-Zip: SARASOTA, FL 34236

Title: SD () Delete
Name: ELLER, HEATHER
Address: 1401 16TH STREET
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: RADCLIFFE, JOANNE M
Address: 1565 STATE STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COOD (X) Change () Addition
Name: THOMPSON, JERRY DR.
Address: 1565 STATE STREET
City-St-Zip: SARASOTA, FL 34236

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

Title: TD (X) Change () Addition
Name: RADCLIFFE, JOANNE M
Address: 1565 STATE STREET
City-St-Zip: SARASOTA, FL 34236

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: JOANNE M. RADCLIFFE

TD

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date