

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005835

FILED  
Jan 07, 2010  
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 (X)

**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  
Name: CAUFFIELD, CHRISTINE DR.  
Address: 1565 STATE STREET  
City-St-Zip: SARASOTA, FL 34236

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

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

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

Title: TD  
Name: RADCLIFFE, JOANNE M  
Address: 1565 STATE STREET  
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: JOANNE RADCLIFFE

TD

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date