

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32838 (7)
1. Corporation Name
LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.



Principal Place of Business: **515 W. MAIN STREET, LEESBURG FL 34748, US**
Mailing Address: **P. O. BOX 491000, LEESBURG FL 34749-1000, US**

3. Date Incorporated or Qualified: **06/15/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2976392**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WILLIAMS, ROBERT Q.
380 WEST ALFRED ST.
TAVARES FL 32778**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIS, DOROTHY
STREET ADDRESS	1003 VALENCIA AVENUE
CITY-ST-ZIP	HOWEY-IN-TH-HILLS FL
TITLE	P <input type="checkbox"/> DELETE
NAME	LANE, JOHN D
STREET ADDRESS	790 ANDERSON DRIVE
CITY-ST-ZIP	TAVARES FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	THORNTON, BECKY
STREET ADDRESS	N 108TH AVENUE
CITY-ST-ZIP	LAKE PANASOFFKEE FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	PATROWICZ, CONSTANCE C.
STREET ADDRESS	1700 COUNTY CLUB ROAD
CITY-ST-ZIP	EUSTIC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ENGELHARD, GEORGE M
STREET ADDRESS	9229 N. SILVER LAKE DRIVE
CITY-ST-ZIP	LEESBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Griffin, Elsie
53 STREET ADDRESS	P O Box 126; Howey-in-the Hills,
54 CITY-ST-ZIP	FL 34737
61 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Hedgecock, Claire
63 STREET ADDRESS	05445 E. Harbor Dr; Fruitland
64 CITY-ST-ZIP	Park, FL 34731

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed or on an attachment with an address.

SIGNATURE: **Jack H. Hargrove, Jr., President/CEO** 2/15/96 352-360-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)