FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N32838

(7)

LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.

220.												
Principal Place	Mailing	Mailing Address					10511141 000 11116 17001 10100 1111		INDIA DIBNI BIBNI B) U		
515 W. MAIN STREET LEESBURG FL 34748 US				P. O. BOX 491000 LEESBURG FL 34749-1000 US								
00			•						3. Date Incorporated or Qualified 06/15/1989	3a. D	ate of Last R 03/08/19	leport 96
2. Principal Pla	2a. Maili	2a. Mailing Address					4. FEI Number		Ar	pplied For		
21			26						59-2976392		 	ot Applicable
Suite, Apt. #, etc			├ ─	Suite, Apt. #, etc.					5. Certificate of Status Desired	Ø		Additional equired
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be		
23			28						Trust Fund Contribution			to Fees
Zıp	 			Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	25	Address of Curren	29	Agent	30	т .			Florida Statutes O. Name and Address of New R			
	5. Hallie alla	Address of Correct	it trogratorou	- Ryon		61	Name	· · · · · ·	G. reging give required			
WILLIAM			62 Street Addre			(P.O. Box Number is Not Accepta	hle)					
380 WE		62 Stree			2019017	Muniess	(r.o. box Number is Not Accepte	DIO)				
	S FL 32778	•				83						
						84	City			FL	85 Zip	Code
44 Durament	to the provinces	of Sactions 617.050	2 and 617 16	OR Florida Stat	utae tha	above	-nemed	corpora	tion submits this statement for the	Duroose (of changing i	ts registered
office or re	enistered agent	or both, in the State nd accept the obliga	of Florida St	ich change wa:	s authoriz	ed by	the cord	poration	s board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE _		,										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri							nt signature	required w	then reinstating)	DAYE	o ouncotor	DC IN 40
12.		OFFICERS AN	D DIRECTOR	S DELETE	13			1	ADDITIONS/CHANGES TO OFF	CERS AN	Change	Addition
TIFLE	D	DATUV		LL DELETE	1	title Name					Onlange	C Noomon
NAME STREET ADDRESS	WILLIS, DO	NCIA AVENUE			1		ADDRESS					
CITY-ST-ZIP		TH-HILLS FL				CITY-S						
TITLE	D	III IIICCO I C		DELETE		TITLE	, ,,	-		,	Change	Addition
NAME	LANE, JOH	N D			2.2	NAME						
STREET ADDRESS		SON DRIVE			2.3	STREET	address					
CITY-ST-ZIP	TAVARES F	<u>L</u>			2. 4	CITY - S	ST-ZIP					
TITLE	D			DELETE	3.1	TITLE					Change	Addition
NAME	THORNTON					NAME						
STREET ADDRESS	N 108TH A						ADDRESS					
CITY - ST - ZIP		ISOFFKEE FL		DELETE		CHTY-S	ST-ZIP	PO			Change	Addition
TITLE	VPD	7 CONSTANCE		m htreit		TITLE ! Name		62170	cowicz)		- Strange	
NAME DADEST ADDRESS		Z, CONSTANCE (<i>)</i> .				ADDRESS	Luir	-D 60 (C=)			
STREET ADDRESS CITY-ST-ZIP	EUSTIC FL	ITY CLUB ROAD			1	CITY-S						
TITLE	PD PD			DELETE		TITLE	11-4:41	†			Change	☐ Addition
NAME	GRIFFIN, E	LSIE				NAME						
STREET ADDRESS	P.O. BOX 1						ADDRESS					
CITY - ST - ZIP		THE-HILLS FL			R R	CITY-S						
TITLE	DST			DELETE		TITLE)		Change	Addition
NAME		CK, CLAIRE			6.2	NAME						
STREET ADDRESS	05445 E. H	ARBOR DR			6.3	STREET	ADDRESS					
C+TY + ST + Z+P	FRUITLAND	PARK FL 34731				CITY-S		<u> </u>				
14 Ldo boro	hy certify that the	information supplie	d with this file	na daes not au	alify for th	e exe	motion s	stated in	Section 119.07(3)(i), Florida Statu	ies. I lurth	er certify that	t (ne

I do horeby 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 coloration or the receiver of trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed or on an attachment with an address.

SIGNATURÉ:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-360-6575 Date Dayline Phone 0070249

FILED

Apr 03 1997 8:00am

Secretary of State