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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 **03/08/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DOROTHY	1.2 NAME	
STREET ADDRESS	1003 VALENCIA AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOWEY-IN-THE-HILLS FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, JOHN D	2.2 NAME	
STREET ADDRESS	790 ANDERSON DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAVARES FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, BECKY	3.2 NAME	
STREET ADDRESS	N 108TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	3.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATROWICZ, CONSTANCE C.	4.2 NAME	PO (PATROWICZ)
STREET ADDRESS	1700 COUNTY CLUB ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIC FL	4.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, ELSIE	5.2 NAME	
STREET ADDRESS	P.O. BOX 126 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOWEY-IN-THE-HILLS FL	5.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDGECKOCK, CLAIRE	6.2 NAME	
STREET ADDRESS	05445 E. HARBOR DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	FRUITLAND PARK FL 34731	6.4 CITY - ST - ZIP	

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

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **11/10/97** DATE **352-360-6575** DAYTIME PHONE # **0070249**

CR2E037 (9/96)