2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32838

FILED Jan 07, 2005 Secretary of State

Entity Name: LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 515 W. MAIN STREET LEESBURG, FL 34748 LIS **Current Mailing Address: New Mailing Address:** P. O. BOX 491000 LEESBURG, FL 347491000 US FEI Number: 59-2976392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, ROBERT Q 380 WEST ALFRED ST. TAVARES, FL 32778 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BAKER, GAIL BLOUNT, RICK Name: Name: 2803 S BAY ST. Address: 340 W. OAK TERRACE DR. #152 Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: (X) Change () Addition KRACHT, TERRI Name: BONAFEDE, GEORGE Name: Address: 600 WEST BURLEIGH BLVD. Address: 10715 US HWY 441 City-St-Zip: TAVARES, FL 32778 City-St-Zip: LEESBURG, FL 34788 Title: () Delete Title: () Change () Addition HEDGECOCK, CLAIRE Name: Name: 5445 E. HARBOR DRIVE Address: Address: City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: Title: D Title: PD (X) Change () Addition () Delete Name: BLOUNT, RICK Name: SEMENTO, SHARRON Address: 340 W OAK TERRACE DR., #15 Address: PO BOX 1210 City-St-Zip: LEESBURG, FL 34748 City-St-Zip: EUSTIS, FL 32726 Title: () Delete Title: () Change () Addition PRATER-MORRIS, THERESA Name: Name: 3316 INDIAN TRAIL Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: Title: () Delete Title: () Change (X) Addition HACKNEY, HARRY Name: Name: Address: Address: 10701 SUMMIT SQUARE DRIVE LEESBURG, FL 34748 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARRON SEMENTO PD 01/07/2005