

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32838

FILED
Feb 09, 2009
Secretary of State

Entity Name: LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

515 W. MAIN STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 491000
LEESBURG, FL 347491000 US

New Mailing Address:

FEI Number: 59-2976392 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 () Delete
Name: HACKNEY, HARRY
Address: 3900 LAKE CENTER DR. SUITE A6
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: BLOUNT, RICK
Address: 340 W OAK TERR DR 152
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: HEDGECK, CLAIRE
Address: 5445 E. HARBOR DRIVE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: TD () Delete
Name: SEMENTO, SHARRON
Address: PO BOX 1210
City-St-Zip: EUSTIS, FL 32726

Title: VD () Delete
Name: MORRIS, THERESA
Address: 3316 INDIAN TRL
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: BUCKNER, DON
Address: 27137 HWY. 33
City-St-Zip: OKAHUMPKA, FL 34762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HACKNEY, HARRY
Address: 2750 DORA AVENUE
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: BLOUNT, RICK
Address: 1029 W. MAGNOLIA STREET
City-St-Zip: LEESBURG, FL 34748

Title: SD (X) Change () Addition
Name: BUCKNER, MISTY
Address: 27137 HIGHWAY 33
City-St-Zip: OKAHUMPKA, FL 34762

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MORRIS, THERESA
Address: 3316 INDIAN TRL
City-St-Zip: EUSTIS, FL 32726

Title: VD (X) Change () Addition
Name: THOMPSON, ROBERT
Address: 905 5TH STREET
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JONATHAN M. CHERRY

PCEO

02/09/2009

Electronic Signature of Signing Officer or Director

Date