

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32838

FILED  
Apr 18, 2011  
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: DCEO  
Name: CHERRY, JONATHAN  
Address: 515 W. MAIN STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: VD  
Name: MUENZMAN, KRESS  
Address: 515 W. MAIN ST  
City-St-Zip: LEESBURG, FL 34748 US

Title: SD  
Name: AKERS, KENDRA  
Address: 515 W. MAIN ST.  
City-St-Zip: LEESBURG, FL 34748 US

Title: TD  
Name: DUCHAIME, KIM  
Address: 515 W. MAIN ST.  
City-St-Zip: LEESBURG, FL 34748 US

Title: PD  
Name: THOMPSON, ROBERT  
Address: 515 W. MAIN ST.  
City-St-Zip: LEESBURG, FL 34748 US

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN CHERRY

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04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date