2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2012
Secretary of State

DOCUMENT# N32838

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:

HARRELL, GREGORY C
MATEER & HARBERT, P.A.
7 E. SILVER SPRINGS BLVD., SUITE 500
OCALA, FL 34470 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: PELOT, FRANK
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: /S/ FRANK PELOT PD 02/01/2012
Electronic Signature of Signing Officer or Director Date