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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002891 (7)

1. Corporation Name

HIAWATHA & HART POINT TREATMENT FACILITY, INC.



Principal Place of Business

Mailing Address

116 HIAWATHA COURT
EAST PALATKA FL 32131116 HIAWATHA COURT
EAST PALATKA FL 32131-9056

3. Date Incorporated or Qualified

05/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

28

City & State

City & State

24

29

Zip

Country

Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNINGER, BARBARA
116 HIAWATHA COURT
EAST PALATKA FL 32131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BATES, BEN
STREET ADDRESS 3400 CRILL AVE.
CITY-ST-ZIP PALATKA FL 32177
☒ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition
ADD
ROBERT MOORE
135 HIAWATHA CT
E. PALATKA, FL 32131TITLE STD
NAME BECKER, WADEINE
STREET ADDRESS 116 HIAWATHA COURT
CITY-ST-ZIP EAST PALATKA FL 32131
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE VPD
NAME HAYES, LARRY
STREET ADDRESS 223 HIAWATHA COURT
CITY-ST-ZIP EAST PALATKA FL 32131
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE D
NAME FLOYD, U S
STREET ADDRESS 312 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA FL 32177
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE D
NAME BEESE, PHILIP S IV
STREET ADDRESS BOX 516
CITY-ST-ZIP HASTINGS FL 32145
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6002731

CR2E037 (9/96)