


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 019 \*\*\*\*70.00

**DOCUMENT # N97000001746**

1. Entity Name  
**LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC.**



Principal Place of Business  
**1800 MERCY DRIVE  
 ORLANDO, FL 32808**

Mailing Address  
**1800 MERCY DRIVE  
 ORLANDO, FL 32808**

40063634



03272007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**59-3425984**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROBB, PAMELA M                      1311 WINTER GARDEN-VINELAND RD.                      WINTER GARDEN, FL 34787</b>		Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOREN, VIRGINIA			NAME			
STREET ADDRESS	530 E CENTRAL BLVD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, DR. CAROL			NAME			
STREET ADDRESS	3026 CHRIS LANE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KASSAB, JERRY			NAME			
STREET ADDRESS	434 W KENNEDY BLVD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32810			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, MARY			NAME			
STREET ADDRESS	500 S. ORANGE AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, MALONE			NAME			
STREET ADDRESS	2500 W. COLONIAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32804			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, WILLIAM			NAME			
STREET ADDRESS	38 E. PINE STREET			STREET ADDRESS	2011 E. ROBINSON ST.		
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	ORLANDO, FL 32803		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Kassab JERRY KASSAB 4-2-07 407/822-5051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40063632  
#NA7000001746

Attachment  
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10. Officers/Directors (Cont'd)

VC/D

Debbie Appel  
2450 Maitland Center Parkway, Ste. 302  
Maitland, FL 32751

T/D

Joe Gallagher  
151 Southhall Lane, Ste. 230  
Maitland, FL 32751

D

Marcia Mathes  
5517 Hansel Avenue  
Orlando, FL 32809

D

Linda Rolf  
3751 Maguire Boulevard  
Orlando, FL 32803

D

Mary Lou Schyberg  
2700 Orange Peel Court  
Orlando, FL 32806

D

Kay Walters  
1801 Lake Grove Lane  
Orlando, FL 32806