
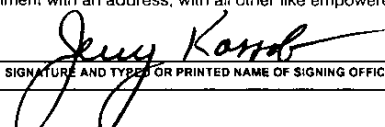


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90032 018 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3425984	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBB, PAMELA M 1311 WINTER GARDEN-VINELAND RD. WINTER GARDEN, FL 34787			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MALONE			NAME	
STREET ADDRESS	2500 W. COLONIAL DRIVE			STREET ADDRESS	1717 ANNA CATHERINE DR.
CITY-ST-ZIP	ORLANDO, FL 32804			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, WILLIAM			NAME	
STREET ADDRESS	2011 E ROBINSON ST			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP	
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: 		Date: 3-31-08		Daytime Phone #: 407-422-5051	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment
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ATTACHMENT
40667154
N97000001746

10. Officers/Directors (Cont'd)

S/T/D
Joe Gallagher
151 Southhall Lane, Suite 230
Maitland, FL 32751

D
Marcia Mathes
5517 Hansel Avenue
Orlando, FL 32809

C/D
Kay Walters
1801 Lake Grove Lane
Orlando, FL 32806