

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 01, 2011
Secretary of State

Entity Name: LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1800 MERCY DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1800 MERCY DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3425984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBB, PAMELA M
1311 WINTER GARDEN-VINELAND RD.
WINTER GARDEN, FL 34787 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: D
Name: GOREN, VIRGINIA
Address: 300 E. CHURCH STREET, APT. 810
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: WILSON, DR. CAROL
Address: 3026 CHRIS LANE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: KASSAB, JERRY
Address: 1800 MERCY DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32808

Title: STD
Name: PEREZ, MARY
Address: 435 SUNRISE COURT
City-St-Zip: ORLANDO, FL 32803

Title: CD
Name: WALTERS, KAY
Address: 1801 LAKE GROVE LANE
City-St-Zip: ORLANDO, FL 32806

Title: VCD
Name: GALLAGHER, JOE
Address: 1015 TERRY DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JERRY KASSAB

PRES

03/01/2011

Electronic Signature of Signing Officer or Director

Date