

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05975 (8)  
1. Corporation Name  
CHARTER BY-THE-SEA BEHAVIORAL HEALTH SYSTEM, INC



Principal Place of Business

Mailing Address

2927 DEMERE RD  
ST SIMONS GA 31522  
US

P.O. BOX 209  
MACON GA 31298

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	
05/10/1985	
4. FEI Number	Applied For
58-1351301	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	COBERN, JOSEPH M	1.2 NAME	J. Kevin Helms
STREET ADDRESS	3414 PEACHTREE RD. NE STE. 1400	1.3 STREET ADDRESS	3414 Peachtree Rd. NE Suite 1400
CITY-ST-ZIP	ATLANTA GA 30326	1.4 CITY-ST-ZIP	Atlanta GA 30326
TITLE	D	2.1 TITLE	Director, President
NAME	LITTLE, JOSEPH C	2.2 NAME	Joel C. Ross
STREET ADDRESS	3414 PEACHTREE RD N.E., STE 1400	2.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	P	3.1 TITLE	VP + Asst. sec.
NAME	JOHNSON, JIM	3.2 NAME	Margie M. Smith
STREET ADDRESS	3414 PEACHTREE RD. NE STE. 1400	3.3 STREET ADDRESS	577 Mulberry St.
CITY-ST-ZIP	ATLANTA GA 30326	3.4 CITY-ST-ZIP	MAcon GA 31298
TITLE	VP	4.1 TITLE	
NAME	DRINKARD, LARRY	4.2 NAME	
STREET ADDRESS	577 MULBERRY STREET SC	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31201	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	EVERETT, KIM	5.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD N.E., STE 1400	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	Director, Treasurer
NAME	FILUSH, JAMES M	6.2 NAME	Charlotte A. Sanford
STREET ADDRESS	577 MULBERRY STREET	6.3 STREET ADDRESS	3414 Peachtree Rd. NE, Suite 1400
CITY-ST-ZIP	MACON GA 31201	6.4 CITY-ST-ZIP	Atlanta, GA 30326

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 1-29-98 (10/97)