

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 001 ***150.00

DOCUMENT # P05975

1. Corporation Name

CHARTER BY-THE-SEA BEHAVIORAL HEALTH SYSTEM, INC

Principal Place of Business

2927 DEMERE RD
ST SIMONS GA 31522
US

Mailing Address

P.O. BOX 209
MACON GA 31298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1985

4. FEI Number

58-1351301

Applied For

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6950 Columbia Gateway Dr

Suite, Apt. #, etc.

22 City & State

23 Columbia, MD

Zip

Country

24 21046

25

2a. Mailing Address

26 577 Mulberry St.

Suite, Apt. #, etc.

27 City & State

28 Macon, GA

Zip

Country

29 31202

30

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME J. KEVIN HELMINTOLLER
STREET ADDRESS 3414 PEACHTREE RD. NE STE. 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE DP ☒ DELETE
NAME JOEL C. ROSS
STREET ADDRESS 3414 PEACHTREE RD N.E., STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE VPAS ☐ DELETE
NAME MARGIE M. SMITH
STREET ADDRESS 577 MULBERRY ST.
CITY-ST-ZIP MACON GA 31298

TITLE VP ☒ DELETE
NAME DRINKARD, LARRY
STREET ADDRESS 577 MULBERRY STREET SC
CITY-ST-ZIP MACON GA 31201

TITLE VP ☒ DELETE
NAME EVERETT, KIM
STREET ADDRESS 3414 PEACHTREE RD N.E., STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE DP ☐ DELETE
NAME CHARLOTTE R. SANFORD
STREET ADDRESS 3414 PEACHTREE RD. NE, STE. #1400
CITY-ST-ZIP ATLANTA GA 30326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME D. Keith Brown
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 31202

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME Linton C. Newlin
4.3 STREET ADDRESS 577 Mulberry St
4.4 CITY-ST-ZIP Macon, GA 31202

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Sec. Michelle H. Ancosky
5.3 STREET ADDRESS 3414 Peachtree Rd NE Ste 1400
5.4 CITY-ST-ZIP Atlanta, GA 30326

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Margie M. Smith MARGIE M. SMITH

2/11/99

912-742-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)