

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720479

**Entity Name:** LIFESTREAM BEHAVIORAL CENTER, INC.

**Current Principal Place of Business:**

1616 S 14TH STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

P.O. BOX 491000  
LEESBURG, FL 34749-1000 US

**FEI Number:** 59-1561501

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EVANS, DAVID L  
MATEER & HARBERT, P.A.  
225 E. ROBINSON STREET SUITE 600, TWO LANDMARK CENTER  
ORLANDO, FL 32801 US

*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:** DAVID L. EVANS

03/27/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PCEO	Title	CD
Name	CHERRY, JONATHAN M	Name	MORRIS, TIMOTHY
Address	515 W. MAIN STREET	Address	515 W. MAIN ST
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	VCD	Title	TD
Name	MOJOCK, CHARLES DR.	Name	SLEAFORD, MICHAEL
Address	515 W. MAIN ST	Address	515 W. MAIN ST.
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	SD		
Name	HILL, JENNIFER		
Address	515 W. MAIN ST.		
City-State-Zip:	LEESBURG FL 34748		

*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:** JONATHAN CHERRY

PCEO

03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date