

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764399

Entity Name: CLAY BEHAVIORAL HEALTH CENTER, INC.**Current Principal Place of Business:**3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068**Current Mailing Address:**1726 KINGSLEY AVE
STE 2
ORANGE PARK, FL 32073**FEI Number:** 59-2219317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOTO, IRENE M
3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	SIMMONS, WILLIAM
Address	1828 NORTH GLEN CIRCLE
City-State-Zip:	MIDDLEBURG FL 32068

Title	D
Name	JACKSON, MAUDE
Address	2774 BURROUGHS ROAD
City-State-Zip:	MIDDLEBURG FL 32068

Title	VP
Name	SWATHWOOD, TINA
Address	1826 CREEKBANK DRIVE
City-State-Zip:	MIDDLEBURG FL 32068

Title	D
Name	BECTON, DANIEL
Address	2408 GOLDEN BELL LANE
City-State-Zip:	ORANGE PARK FL 32003

Title	CEO
Name	TOTO, IRENE LMHC
Address	8368 CINNAMON CT
City-State-Zip:	JACKSONVILLE FL 32244

Title	VC
Name	FUDGE, NANCY
Address	1000 PINWOOD COURT APT. #206
City-State-Zip:	GREEN COVE SPRINGS FL 32043

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: IRENE TOTO

CEO

01/28/2013

Electronic Signature of Signing Officer/Director Detail_____
Date