

2022 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 INTERIM CHAIRPERSON
Name ROGERS, RACHEL
Address 1911 HUNTERS TRACE
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name KEENE, MARY
Address 3744 WATERSIDE DRIVE
City-State-Zip: ORANGE PARK FL 32073

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

Title OTHER, DIRECTOR OF BUSINESS OPS
Name SWATHWOOD, TINA
Address 2653 TRAMORE PLACE
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name ELIA, MIKE
Address 2671 COUNTRYSIDE DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR
Name RUTHERFORD, KENT
Address 205 N. BARTRAM TRAIL
City-State-Zip: JACKSONVILLE FL 32259-8816

Title DIRECTOR
Name WOODRUM, NATHANAEL
Address 2352 COLLEGE STREET
APT B
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name DILLABERRY, JASON
Address 565 CLAIRE LANE
City-State-Zip: ORANGE PARK FL 32073

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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 M. TOTO

CEO

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FREHULFER, SAMANTHA
Address	2815 WOODBRIDGE CROSSING COURT
City-State-Zip:	GREEN COVE SPRINGS FL 32043