

2021 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:** Yes**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 BECTON, DANIEL
Address 2408 GOLDEN BELL LANE
City-State-Zip: ORANGE PARK FL 32003

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

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

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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

02/24/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEWART, RINETTA D
Address 5315 RAZORBACK COURT
City-State-Zip: MIDDLEBURG FL 32068

Title INTERIM VICE CHAIR
Name FOX, JANET S.
Address 1476 SCARLETT WAY
City-State-Zip: FLEMING ISLAND FL 32003

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