

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000007439

**Entity Name:** LBJ BEHAVIORAL SERVICES, INC.

**Current Principal Place of Business:**

2813 SOUTH HIAWASSEE RD SUITE 301  
ORLANDO, FL 32835

**Current Mailing Address:**

7228 CLARCONA OCOEE RD #275  
CLARCONA, FL 32710-1209 US

**FEI Number:** 93-2007888

**Certificate of Status Desired:** No

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

BROWNE-JAMES, LETITIA DR.  
2813 SOUTH HIAWASSEE RD SUITE 301  
ORLANDO, FL 32835 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 P  
Name BROWNE-JAMES, LETITIA DR.  
Address 7228 CLARCONA OCOEE RD #275  
City-State-Zip: CLARCONA FL 33938

Title VP  
Name MONTGOMERY, JACKIE DR. PASTOR  
Address PO BOX 318351  
City-State-Zip: ORLANDO FL 32861

Title S  
Name JACQUES, STEPHANIE MS.  
Address 2813 SOUTH HIAWASSEE RD STE 301  
City-State-Zip: ORLANDO FL 32835

Title T  
Name KRATKY, SHANNON MS.  
Address 254 BLANCO STE 206  
City-State-Zip: SAN ANTONIO TX 78216

Title MBR  
Name PLAYER, ANTWAN DR.  
Address 10225 YELLOW CIRCLE DRIVE  
City-State-Zip: MINNETONKA MN 55343

*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:** LETITIA BROWNE-JAMES

**PRESIDENT**

**04/16/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date