| Current Mai | ling Address: | | |
|---|--|-----------------|--------------------------|
| P. O. BOX 4 LEESBURG, | 91000 , FL 34749-1000 US | | |
| FEI Number: 59-2976392 | | | Certificate of Status De |
| Name and Address of Current Registered Agent: | | | |
| EVANS, DAVID L ESQ. MATEER & HARBERT, P.A. 225 E. ROBINSON ST. 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 F | | | |
| SIGNATURE: DAVID L. EVANS | | | |
| | Electronic Signature of Registered Agent | | |
| Officer/Director Detail : | | | |
| Title | DCEO | Title | PRESIDENT, DIRECTOR |
| Name | CHERRY, JONATHAN | Name | CLEMENT, TRACEY |
| Address | 1616 SOUTH 14TH STREET | Address | 1616 SOUTH 14TH STREET |
| City-State-Zip: | LEESBURG FL 34748 | City-State-Zip: | LEESBURG FL 34748 |
| Title | TD | Title | SD |

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32838

Entity Name: LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

PELOT, FRANK

City-State-Zip: LEESBURG FL 34748

1616 SOUTH 14TH STREET

Name

Address

1616 SOUTH 14TH STREET LEESBURG, FL 34748

Name

Address

City-State-Zip:

GRAY, VALERIE

1616 SOUTH 14TH STREET

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 M. CHERRY CEO

Electronic Signature of Signing Officer/Director Detail

FILED Mar 18, 2022 **Secretary of State** 0024595557CC

> 03/18/2022 Date

Desired: Yes

03/18/2022 Date