

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32838

Entity Name: LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

515 W. MAIN STREET
LEESBURG, FL 34748

Current Mailing Address:

P. O. BOX 491000
LEESBURG, FL 34749-1000 US

FEI Number: 59-2976392

Certificate of Status Desired: No

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 Florida.

SIGNATURE: DAVID L. EVANS

03/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DCEO	Title	PRESIDENT, DIRECTOR
Name	CHERRY, JONATHAN	Name	CLEMENT, TRACEY
Address	515 W. MAIN STREET	Address	515 W. MAIN ST
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	VP, DIRECTOR	Title	TD
Name	ROBERTZ-SCHWARTZ, MARC	Name	PELOT, FRANK
Address	515 W. MAIN ST.	Address	515 W. MAIN ST.
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
Title	SD		
Name	GRAY, VALERIE		
Address	515 W. MAIN ST.		
City-State-Zip:	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 CHERRY

DCEO

03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date