

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32838

**Entity Name:** LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

1616 SOUTH 14TH STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

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

**FEI Number:** 59-2976392

**Certificate of Status Desired:** Yes

**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

03/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DCEO  
Name CHERRY, JONATHAN  
Address 1616 SOUTH 14TH STREET  
City-State-Zip: LEESBURG FL 34748

Title PRESIDENT, DIRECTOR  
Name CLEMENT, TRACEY  
Address 1616 SOUTH 14TH STREET  
City-State-Zip: LEESBURG FL 34748

Title TD  
Name PELOT, FRANK  
Address 1616 SOUTH 14TH STREET  
City-State-Zip: LEESBURG FL 34748

Title SD  
Name GRAY, VALERIE  
Address 1616 SOUTH 14TH STREET  
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 M. CHERRY

PRESIDENT

03/23/2023

Electronic Signature of Signing Officer/Director Detail

Date