

**2017 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: 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**

**04/03/2017**

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	TOWNSEND, TERA		
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 M. CHERRY**

**DCEO**

**04/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date