

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42846** (8)

1. Corporation Name

HABILITATIVE SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6272
MARIANNA FL 32446

P.O. BOX 6272
MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1991** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-3077111** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FUQUA, H. MATTHEW
327 E. LAFAYETTE STREET
MARIANNA FL 32446**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **KLEINGANNA, JOHN**
STREET ADDRESS **2711 JACKSON BLUFF ROAD**
CITY - ST - ZIP **MARIANNA FL**

11 TITLE Change Addition

TITLE **VD**
NAME **BRODERICK, MARY**
STREET ADDRESS **2711 JACKSON BLUFF ROAD**
CITY - ST - ZIP **MARIANNA FL**

12 NAME

TITLE **SD**
NAME **MORRIS, REBECA**
STREET ADDRESS **4963 BERKSLIRE RD**
CITY - ST - ZIP **MARIANNA FL**

13 STREET ADDRESS

TITLE **D**
NAME **COOK, GARY**
STREET ADDRESS **BOX 44 N/A**
CITY - ST - ZIP **BASCOM FL**

14 CITY - ST - ZIP

TITLE **D**
NAME **SPIRES, WILLIE**
STREET ADDRESS **4816 EBONY CT**
CITY - ST - ZIP **MARIANNA FL**

21 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 as chairman of an accounting firm with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN X. KLEINGANNA

4-4-95

Date

(904) 482-5891

Telephone #