

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42846

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: HABILITATIVE SERVICES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

4440 PUTNAM ST  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

4440 PUTNAM ST  
MARIANNA, FL 32446 US

**New Mailing Address:**

FEI Number: 59-3077111      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIPFORD, SHARON  
4440 PUTNAM STREET  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KLEINGINNA, JOHN,  
Address: 2711 JACKSON BLUFF ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: VD ( ) Delete  
Name: BRODERICK, MARY,  
Address: 2711 JACKSON BLUFF ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: SD ( ) Delete  
Name: NOWELL, DON  
Address: 3431 OLD US ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: SPIRES, WILLIE  
Address: 4818 EBONY CT  
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete  
Name: SNIDER, LUANN  
Address: 2041 CHATSWORTH WAY  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN KLEINGINNA

PD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date