

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42846

FILED  
Mar 05, 2010  
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:**

CAPPS, NICOLE  
4440 PUTNAM STREET  
MARIANNA, FL 32446 US

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

HARDY, NATALIE L ED  
4440 PUTNAM STREET  
MARIANNA, FL 32446 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: NATALIE HARDY

03/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BRODERICK, MARY  
Address: 602 RIVER FERN LANE  
City-St-Zip: DELAND, FL 32720 US

Title: VP  
Name: KLEINGINNA, JOHN  
Address: 602 RIVER FERN LANE  
City-St-Zip: DELAND, FL 32720 US

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

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

Title: D  
Name: BAKER, JOANN  
Address: 1704 HWY 179A  
City-St-Zip: WESTVILLE, FL 32464 US

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: NATALIE HARDY

ED

03/05/2010

Electronic Signature of Signing Officer or Director

Date