

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42846

FILED
Feb 17, 2011
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:

HARDY, NATALIE L ED
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
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

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

02/17/2011

Electronic Signature of Signing Officer or Director

Date