

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42846

**Entity Name:** HABILITATIVE SERVICES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

4440 PUTNAM ST  
MARIANNA, FL 32446

**Current Mailing Address:**

4440 PUTNAM ST  
MARIANNA, FL 32446 US

**FEI Number:** 59-3077111

**Certificate of Status Desired:** No

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

HARDY, NATALIE L  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

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

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

*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 L. HARDY

**EXECUTIVE DIRECTOR**

**01/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date