

2014 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 HARDY

EXECUTIVE DIRECTOR

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date