

2019 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: Yes

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 2771 JACKSON BLUFF ROAD
City-State-Zip: MARIANNA FL 32446

Title VP
Name ARNOLD, JUANITA
Address 4462 PUTNAM STREET
City-State-Zip: MARIANNA FL 32446

Title TREASURER, SECRETARY
Name PUMPHREY, TONY
Address 2458 HALLMAN LANE
City-State-Zip: COTTONDALE FL 32431

Title DIRECTOR
Name SMITH, RANDALL
Address 4257 LIDDON STREET
City-State-Zip: MARIANNA FL 32446

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

01/31/2019

Electronic Signature of Signing Officer/Director Detail

Date