

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N42846 (8)
1. Corporation Name
HABILITATIVE SERVICES OF NORTH FLORIDA, INC.



| | |
|---|--|
| Principal Place of Business 4440 PUTNAM ST MARIANNA FL 32446 US | Mailing Address 4440 PUTNAM ST MARIANNA FL 32446-3455 US |
|---|--|

| | | | |
|---------------------------------------|-------------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 04/05/1991 | 3a. Date of Last Report 04/30/1996 |
| 21 Sulte, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-3077111 | Applied For <input type="checkbox"/> Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| FUQUA, H. MATTHEW 327 E. LAFAYETTE STREET MARIANNA FL 32446 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KLEINGINNA, JOHN | 1.2 NAME | Nowell, Don |
| STREET ADDRESS | 2711 JACKSON BLUFF ROAD | 1.3 STREET ADDRESS | 3431 Old U.S. Road |
| CITY-ST-ZIP | MARIANNA FL | 1.4 CITY-ST-ZIP | MARIANNA FL 32447 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRODERICK, MARY | 2.2 NAME | |
| STREET ADDRESS | 2711 JACKSON BLUFF ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARIANNA FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRIS, REBECA | 3.2 NAME | |
| STREET ADDRESS | 4963 BERKSLIRE RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARIANNA FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOOTEN, RICHARD | 4.2 NAME | |
| STREET ADDRESS | 2779 JACKSON BLUFF ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARIANNA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPIRES, WILLIE | 5.2 NAME | |
| STREET ADDRESS | 4818 EBONY CT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARIANNA FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Broderick* 4/11/97 904-482-5830

CR2E037 (9/96)