

**2023 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**

**03/09/2023**

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

\_\_\_\_\_  
Date