

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90066 043 ****61.25

0016637

DOCUMENT # N42846

1. Entity Name

HABILITATIVE SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

4440 PUTNAM ST
 MARIANNA FL 32446
 US

4440 PUTNAM ST
 MARIANNA FL 32446
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3077111

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUQUA, H. MATTHEW
327 E. LAFAYETTE STREET
MARIANNA FL 32446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ Delete
 NAME **PD KLEINGINNA, JOHN**
 STREET ADDRESS **2711 JACKSON BLUFF ROAD**
 CITY-ST-ZIP **MARIANNA FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **VD BRODERICK, MARY**
 STREET ADDRESS **2711 JACKSON BLUFF ROAD**
 CITY-ST-ZIP **MARIANNA FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **SD NOWELL, DON**
 STREET ADDRESS **3431 OLD US ROAD**
 CITY-ST-ZIP **MARIANNA FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME **D SPIRES, WILLIE**
 STREET ADDRESS **4818 EBONY CT**
 CITY-ST-ZIP **MARIANNA FL**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME ~~SNIDER, LUANN~~ *spelled wrong*
 STREET ADDRESS **2041 CHATSWORTH WAY**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE _____ Change Addition
 NAME **Snider, Lu Ann**
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John K Leinginna
 President 3/20/01 850-482-5391

CR2E037 (10/00)