

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90057 017 ****61.25

0063206

DOCUMENT # N42846
 1. Entity 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 US
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FUQUA, H. MATTHEW
327 E. LAFAYETTE STREET
MARIANNA FL 32446

7. Name and Address of New Registered Agent
 Name **Sharon Lipford**
 Street Address (P.O. Box Number is Not Acceptable) **4440 PUTNAM STREET**
 City **MARIANNA** **FL** Zip Code **32446**

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 *Sharon Lipford* **Sharon Lipford** **Executive Director** **04/04/02**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLEINGINNA, JOHN	
STREET ADDRESS	2711 JACKSON BLUFF ROAD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRODERICK, MARY	
STREET ADDRESS	2711 JACKSON BLUFF ROAD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NOWELL, DON	
STREET ADDRESS	3431 OLD US ROAD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIRES, WILLIE	
STREET ADDRESS	4818 EBONY CT	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNIDER, LUANN	
STREET ADDRESS	2041 CHATSWORTH WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Kleinginna* **John Kleinginna** **President** **04/04/02** **850** **482-5391**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (9/01)