


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000005442 1. Entity Name COMMUNITY REHABILITATION CENTER FOUNDATION, INC.	
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Principal Place of Business 623 BEECHWOOD STREET JACKSONVILLE, FL 32206	Mailing Address 623 BEECHWOOD STREET JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0256973	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAFFNEY, REGINALD L
 1845 DAYTONA LANE
 JACKSONVILLE, FL 32218**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000946467
 05/30/08-80051-008 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEYMORE, LEON DR 623 BEECHWOOD STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TWIGGS, STANLEY 623 BEECHWOOD STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GAFFNEY, REGINALD 623 BEECHWOOD STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stanley Twiggs, Stanley Twiggs April 28 2008 904-358-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #