

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005442

FILED
May 03, 2011
Secretary of State

Entity Name: COMMUNITY REHABILITATION CENTER FOUNDATION, INC.

Current Principal Place of Business:

623 BEECHWOOD STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

623 BEECHWOOD STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 30-0256973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: SEYMORE, LEON DR
Address: 623 BEECHWOOD STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DV
Name: TWIGGS, STANLEY
Address: 623 BEECHWOOD STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DST
Name: GAFFNEY, REGINALD
Address: 623 BEECHWOOD STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DST
Name: DAKA, DEDRIX W
Address: 1611 PEBBLE BEACH BVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: DEDRIX DAKA

DST

05/03/2011

Electronic Signature of Signing Officer or Director

Date