

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011019

FILED
Feb 12, 2012
Secretary of State

Entity Name: NORTH FLORIDA OUTREACH AND REHABILITATIVE SERVICES, INC.

Current Principal Place of Business:

5811 ATLANTIC BLVD.
#101
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

5811 ATLANTIC BLVD.
#101
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 35-2267970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORNE, THOMAS R SR.
5811 ATLANTIC BLVD.
#101
JACKSONVILLE, FL 32207 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: PCEO
Name: HORNE, THOMAS R SR
Address: 5811 ATLANTIC BLVD. #101
City-St-Zip: JACKSONVILLE, FL 32207

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: THOMAS R. HORNE, SR.

PCEO

02/12/2012

Electronic Signature of Signing Officer or Director

Date