

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008111

FILED
Jun 25, 2009
Secretary of State

Entity Name: COMMUNITY REHABILITATION CENTER ENTERPRISES OF JACKSONVILLE, INC.

Current Principal Place of Business:

5206 NORTH PEARL STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

5206 NORTH PEARL STREET
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 26-0280607 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAFFNEY, REGINALD
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: P () Delete
Name: GAFFNEY, REGINALD
Address: 1845 DAYTONA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: TWIGGS, STANLEY
Address: 2292 NETTLEBROOKE STREET N
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: BROWN, BENJAMIN J
Address: 5888 RENAULT DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BENJAMIN J. BROWN

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06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date