

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008111

**FILED**  
**Mar 18, 2010**  
**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)

**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  
Name: GAFFNEY, REGINALD  
Address: 1845 DAYTONA LANE  
City-St-Zip: JACKSONVILLE, FL 32218

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

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

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: BENJAMIN BROWN

T

03/18/2010

Electronic Signature of Signing Officer or Director

Date