

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26176

FILED
Mar 08, 2012
Secretary of State

Entity Name: NAMI JACKSONVILLE FLORIDA, INC.

Current Principal Place of Business:

% RIVER POINT BEHAVIORAL HEALTH
6300 BEACH BLVD.
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

% RIVER POINT BEHAVIORAL HEALTH
6300 BEACH BLVD.
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-2931035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, DICK
4307 SAN JOSE LANE
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: P
Name: BASFORD, HAYES L
Address: 4422 MCGIRTS BLVD.
City-St-Zip: JACKSONVILLE, FL 322105943

Title: V
Name: LONGMIRE, NANCY
Address: 9410 BEAUCLERC COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: S
Name: INMAN, LORA
Address: 13806 WHITE HERON PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: T
Name: MAY, DICK
Address: 4307 SAN JOSE LANE
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: CAROL M. FOLSOM

D

03/08/2012

Electronic Signature of Signing Officer or Director

_____ Date