

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42846

FILED
Mar 08, 2007
Secretary of State

Entity Name: HABILITATIVE SERVICES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

4440 PUTNAM ST
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

4440 PUTNAM ST
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 59-3077111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPFORD, SHARON
4440 PUTNAM STREET
MARIANNA, FL 32446 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: PD () Delete
Name: KLEINGINNA, JOHN,
Address: 2711 JACKSON BLUFF ROAD
City-St-Zip: MARIANNA, FL 32446

Title: VD () Delete
Name: BRODERICK, MARY,
Address: 2711 JACKSON BLUFF ROAD
City-St-Zip: MARIANNA, FL 32446

Title: SD () Delete
Name: NOWELL, DON
Address: 3431 OLD US ROAD
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: SPIRES, WILLIE
Address: 4818 EBONY CT
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: SNIDER, LUANN
Address: 2041 CHATSWORTH WAY
City-St-Zip: TALLAHASSEE, FL 32308

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:

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 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: JOHN KLEINGINNA

PD

03/08/2007

Electronic Signature of Signing Officer or Director

Date