2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N42846

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:

CAPPS, NICOLE
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: BRODERICK, MARY
Address: 1126 STILLWATER DRIVE
City-St-Zip: DELAND, FL 32720 US

Title: VD ( ) Delete
Name: KLEINGINNA, JOHN
Address: 1126 STILLWATER DRIVE
City-St-Zip: DELAND, FL 32720 US

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

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

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

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 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: MARY BRODERICK PD 04/21/2009
Electronic Signature of Signing Officer or Director Date