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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49538** (4)
1. Corporation Name
NORTHWEST MENTAL HEALTH SERVICES, INC.

Principal Place of Business: **5045 SOUTEL DRIVE, #1 JACKSONVILLE FL 32208**
Mailing Address: **P.O. BOX 8036 JACKSONVILLE FL 32208 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1992** 3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-3128476** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.039, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21 **2392 N. Edgewood Ave** 26 **P. O. Box 9373**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **JACKSONVILLE** 28 **JACKSONVILLE**
Zip Zip Country Country

24 **32254** 25 **USA** 29 **32208** 30 **USA**

9. Name and Address of Current Registered Agent

Estell ESTELL, REGINALD
816 BROAD STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: **REGINALD ESTELL, JR.**
82 Street Address (P.O. Box Number is Not Acceptable): **816 BROAD STREET**
83
84 City: **JACKSONVILLE** 85 Zip Code: **FL 32202**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PV	NAME: ESTELL, REGINALD JR.	1.1 TITLE: PV	1.2 NAME: COBB, JERRY
STREET ADDRESS: 816 BROAD STREET	CITY-ST-ZIP: JACKSONVILLE FL 32202	1.3 STREET ADDRESS: 8505 OAKLEAF ROAD	1.4 CITY-ST-ZIP: JACKSONVILLE, FLORIDA 32208
TITLE: VD	NAME: STEWART, WASHINGTON	2.1 TITLE: SAME	2.2 NAME: JACKSONVILLE, FLORIDA 32224
STREET ADDRESS: 5711 MARLIN CT.	CITY-ST-ZIP: JACKSONVILLE FL (32244) 32224	2.3 STREET ADDRESS: JACKSONVILLE, FLORIDA 32224	2.4 CITY-ST-ZIP: JACKSONVILLE, FLORIDA 32224
TITLE: SD	NAME: MAGADALENE, HOPES	3.1 TITLE: TD	3.2 NAME: CROCKER, ROBERT T. (BOB)
STREET ADDRESS: 1664 MCMILLIAN STREET	CITY-ST-ZIP: JACKSONVILLE FL 32209	3.3 STREET ADDRESS: 2510 OAK STREET	3.4 CITY-ST-ZIP: JACKSONVILLE, FLORIDA 32204
TITLE: TD	NAME: NELSON, ANTIONETTE	4.1 TITLE: TD	4.2 NAME: CROCKER, ROBERT T. (BOB)
STREET ADDRESS: 245 DUNN AVENUE, #1303	CITY-ST-ZIP: JACKSONVILLE FL 32218	4.3 STREET ADDRESS: 2510 OAK STREET	4.4 CITY-ST-ZIP: JACKSONVILLE, FLORIDA 32204
TITLE: TD	NAME: NELSON, ANTIONETTE	5.1 TITLE: TD	5.2 NAME: CROCKER, ROBERT T. (BOB)
STREET ADDRESS: 245 DUNN AVENUE, #1303	CITY-ST-ZIP: JACKSONVILLE FL 32218	5.3 STREET ADDRESS: 2510 OAK STREET	5.4 CITY-ST-ZIP: JACKSONVILLE, FLORIDA 32204
TITLE: TD	NAME: NELSON, ANTIONETTE	6.1 TITLE: TD	6.2 NAME: CROCKER, ROBERT T. (BOB)
STREET ADDRESS: 245 DUNN AVENUE, #1303	CITY-ST-ZIP: JACKSONVILLE FL 32218	6.3 STREET ADDRESS: 2510 OAK STREET	6.4 CITY-ST-ZIP: JACKSONVILLE, FLORIDA 32204

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Reginald Estell, JR** **President** **4-19-95** **(904) 781-7797**
Signature and typed or printed name of signing officer or director Date Office Phone #