


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90013 045 ****70.00

DOCUMENT # N49538 1. Entity Name NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.					
Principal Place of Business 2392 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254 US			Mailing Address P. O. BOX 9373 JACKSONVILLE, FL 32208 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent ESTELL, REGINALD J 505 N LIBERTY STREET JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, CLARENCE M 6428 HOWE DR JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Clarence M. Walker <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COBB, GERALDINE 215 MARKET STREET ROOM 300 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Nathaniel Davis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1416 North Jefferson Street Jacksonville FL 32209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RICHARDSON, GWENDOLYN 567 CHARLES PICKNEY ST ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Magdalene Hopes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1664 McMillan Street Jacksonville, FL 32209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BELCHER, LOUISE 4942 PORTSMOUTH AVE JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Clifton Coleman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 511 W. 11th Street Jacksonville, FL 32206	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WASHINGTON, STEWARD 5711 MARLIN CT JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Steward E. Washington <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE <i>Steward E. Washington</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small> Steward E. Washington		Board President 2/25/04 (904) 781-7797 <small>Date Daytime Phone #</small>			