


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State


03-13-2006 90073 040 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03032006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3128476	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, CLARENCE M 6428 HOWE DR JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, NATHANIEL 1416 NORTH JEFFERSON ST. JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOPES, MAGDALENE 1664 MCMILLAN ST. JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, CLIFTON 511 W 11TH ST. JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, STEWARD E 5711 MARLIN CT JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: Steward E. Washington 3/6/06 (904) 798-9222 x2139
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR. Date Daytime Phone #

40029585

N49538
Division of Corporations



2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	N49538
Business Entity Name	NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.
Original File Date	06/24/1992

FEI Number 59-3128476

Principal Address 2392 N. EDGEWOOD AVENUE
JACKSONVILLE, FL 32254 US

Mailing Address P. O. BOX 9373
JACKSONVILLE, FL 32208 US

Registered Agent REGINALD J ESTELL
505 N LIBERTY STREET
JACKSONVILLE, FL 32202 US

Officer/Director Name And Address

TD
CLARENCE M WALKER
6428 HOWE DR
JACKSONVILLE, FL 32208

VD
NATHANIEL DAVIS
1416 NORTH JEFFERSON ST.
JACKSONVILLE, FL 32209

SD
MAGDALENE HOPES
1664 MCMILLAN ST.
JACKSONVILLE, FL 32209

D
CLIFTON COLEMAN
511 W 11TH ST.
JACKSONVILLE, FL 32206

PD

ATTACHMENT

40029585

1049538

STEWART E WASHINGTON
5711 MARLIN CT
JACKSONVILLE, FL 32211

If all of the above
information is correct and
you do not wish to make any
changes, please select:

No Changes

If you need to make changes
to the above information,
please select:

Make Changes

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