

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90057 039 ****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**

40040936



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3128476

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTELL, REGINALD J
505 N LIBERTY STREET
JACKSONVILLE, FL 32202**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **TD** ☒ Delete
NAME **WALKER, CLARENCE M**
STREET ADDRESS **6428 HOWE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **ID** ☐ Change ☒ Addition
NAME **Jenkins, Mary EHA**
STREET ADDRESS **12308 Apple Leaf Drive**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **VD** ☐ Delete
NAME **DAVIS, NATHANIEL**
STREET ADDRESS **1416 NORTH JEFFERSON ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **D** ☐ Change ☒ Addition
NAME **Reginald Estell**
STREET ADDRESS **505 N. Liberty St**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **SD** ☐ Delete
NAME **HOPES, MAGDALENE**
STREET ADDRESS **1664 MCMILLAN ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COLEMAN, CLIFTON**
STREET ADDRESS **511 W 11TH ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32206**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **WASHINGTON, STEWARD E**
STREET ADDRESS **5711 MARLIN CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

Date

(904) 743 6336

Daytime Phone #