


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 025 \*\*\*\*70.00

<b>DOCUMENT # N49538</b>			
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 9373A JACKSONVILLE, FL 32208 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 9373A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville FL	
Zip	Country	Zip	Country
		32208	USA
4. FEI Number 59-3128476		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, MARY ETTA	NAME	
STREET ADDRESS	12308 APPLE LEAF DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NATHANIEL	NAME	VD Davis Nathaniel
STREET ADDRESS	1416 NORTH JEFFERSON ST.	STREET ADDRESS	10961 Buert Mill Rd, Villa #717
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	Mailbox #144, Jacksonville FL 32256
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPES, MAGDALENE	NAME	
STREET ADDRESS	1664 MCMILLAN ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, CLIFTON	NAME	
STREET ADDRESS	511 W 11TH ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, STEWARD E	NAME	
STREET ADDRESS	5711 MARLIN CT	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTELL, REGINALD	NAME	
STREET ADDRESS	505 N. LIBERTY STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	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: <i>Steward E. Washington</i>		1-14-08 (904) 781-777x14	
SIGNATURE AND TYPED NAME OF REGISTERED AGENT		Daytime Phone #	
Steward E. Washington Board President			