

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49538

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.

## Current Principal Place of Business:

2392 N. EDGEWOOD AVENUE  
JACKSONVILLE, FL 32254 US

## New Principal Place of Business:

## Current Mailing Address:

POB 9373A  
JACKSONVILLE, FL 32208 US

## New Mailing Address:

FEI Number: 59-3128476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: JENKINS, MARY ETTA  
Address: 12308 APPLE LEAF DR.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete  
Name: DAVIS, NATHANIEL  
Address: 10961 BURNT MILL RD VILLA 717  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete  
Name: HOPES, MAGDALENE  
Address: 1664 MCMILLAN ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: COLEMAN, CLIFTON  
Address: 511 W 11TH ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: PD ( ) Delete  
Name: WASHINGTON, STEWARD E  
Address: 5711 MARLIN CT  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: ESTELL, REGINALD  
Address: 505 N. LIBERTY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: HARLEY, NINA L  
Address: 665 RADNOR LANE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: PD (X) Change ( ) Addition  
Name: HOPES, MAGDALENE  
Address: 1664 MCMILLAN ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Change ( ) Addition  
Name: COLEMAN, CLIFTON  
Address: 12452 MISSION HILL DR. S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change ( ) Addition  
Name: WASHINGTON, STEWARD E  
Address: 5711 MARLIN CT  
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGDALENE HOPES

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date