

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002814

FILED  
Mar 26, 2011  
Secretary of State

**Entity Name:** COMMUNITY REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

623 BEECHWOOD ST  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

623 BEECHWOOD ST  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

**FEI Number:** 59-3198739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
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:** DCEO  
**Name:** GAFFNEY, REGINALD  
**Address:** 623 BEECHWOOD ST  
**City-St-Zip:** JACKSONVILLE, FL 32206 US

**Title:** DC  
**Name:** DEBORAH, MAINA  
**Address:** 5541 ARLINGTON RD, STE 2  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** DVC  
**Name:** SEIGLER, DEXTER  
**Address:** 12125 BROOKCHASE LANE  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** DS  
**Name:** LEWIS, MARK  
**Address:** 5316 N PEARL STREET  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

**Title:** DT  
**Name:** SIRETTA, WILLIAMS  
**Address:** 13528 ASHFORD WOOD CT W  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** D  
**Name:** SEYMORE, LEON L  
**Address:** 525 NEW BRUNSWICK TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

**SIGNATURE:** REGINALD GAFFNEY

DCEO

03/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date