

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721412

Entity Name: CDAC BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

3804 N 9TH AVE
PENSACOLA, FL 32503

Current Mailing Address:

3804 N 9TH AVE
PENSACOLA, FL 32503 US

FEI Number: 59-1380927

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCRIVNER, LEASHIA
3804 N 9TH AVE
PENSACOLA, FL 32503 US

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

Officer/Director Detail :

Title ED
Name SCRIVNER, LEASHIA
Address 3804 NORTH NINTH AVE
City-State-Zip: PENSACOLA FL 32503

Title T
Name CHESTERFIELD, BURTON
Address 3804 N 9TH AVE
City-State-Zip: PENSACOLA FL 32503

Title 1ST V
Name HAMILTON, ANDREA
Address 3804 N. 9TH AVENUE
City-State-Zip: PENSACOLA FL 32503

Title 2ND V
Name THOMPkins, DEEDEE
Address 3804 N 9TH AVE
City-State-Zip: PENSACOLA FL 32503

Title P
Name NEWCOMER, MATTHEW
Address 3804 N. 9TH AVENUE
City-State-Zip: PENSACOLA FL 32503

Title S
Name RICHARDS, KELLY M
Address 3804 N. 9TH AVENUE
City-State-Zip: PENSACOLA FL 32503

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: LEASHIA SCRIVNER

**CEO/EXECUTIVE
DIRECTOR**

01/08/2020

Electronic Signature of Signing Officer/Director Detail

Date