

2024 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 PRESIDENT
Name STONE, KELLY
Address 3804 N. 9TH AVENUE
City-State-Zip: PENSACOLA FL 32503

Title 1ST VICE PRESIDENT
Name RAINES, ANDREW
Address 3804 N 9TH AVE
City-State-Zip: PENSACOLA FL 32503

Title SECRETARY
Name WRIGHT, KAREN
Address 3804 N. 9TH AVENUE
City-State-Zip: PENSACOLA FL 32503

Title 2ND VICE PRESIDENT
Name SCHEBLER, DAN
Address 3804 N. 9TH AVENUE
City-State-Zip: PENSACOLA FL 32503

Title MEMBER-AT-LARGE
Name NEWCOMER, MATTHEW
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

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date