

**2021 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**

**01/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date