

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768624

**Entity Name:** NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.**Current Principal Place of Business:**422 N. BAYLEN ST.  
PENSACOLA, FL 32501**Current Mailing Address:**422 N. BAYLEN ST.  
PENSACOLA, FL 32501**FEI Number: 59-2299573****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JORDAN, CATE  
422 N BAYLEN ST.  
PENSACOLA, FL 32501 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            PRESIDENT  
Name            MILLS , ANGELA  
Address        422 N BAYLEN ST  
City-State-Zip: PENSACOLA FL 32501

Title            VP  
Name            DEBORAH , ROBERTSON  
Address        422 N BAYLEN ST  
City-State-Zip: PENSACOLA FL 32501

Title            DIRECTOR  
Name            CHURCHWELL, MARC L  
Address        422 N BAYLEN ST  
City-State-Zip: PENSACOLA FL 32501

Title            TREASURER  
Name            GATES , JUSTIN  
Address        422 N BAYLEN ST  
City-State-Zip: PENSACOLA FL 32501

Title            DIRECTOR, SECRETARY  
Name            SILIVOS, PAUL  
Address        422 N. BAYLEN ST.  
City-State-Zip: PENSACOLA FL 32501

Title            EXECUTIVE DIRECTOR  
Name            JORDAN, CATE  
Address        422 N. BAYLEN ST.  
City-State-Zip: PENSACOLA FL 32501

Title            DIRECTOR  
Name            BAKER , STEVE  
Address        422 N. BAYLEN ST.  
City-State-Zip: PENSACOLA FL 32501

Title            DIRECTOR  
Name            RAWSON, CHRIST  
Address        422 N. BAYLEN ST.  
City-State-Zip: PENSACOLA FL 32501

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*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: CATE JORDAN****EXECUTIVE DIRECTOR****02/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 MCFARLANE, TONY  
Address             422 N. BAYLEN ST.  
City-State-Zip:    PENSACOLA FL 32501

Title                   DIRECTOR  
Name                 DODGE, KENDRICK  
Address             422 N. BAYLEN ST.  
City-State-Zip:    PENSACOLA FL 32501