

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005442

FILED
Jun 10, 2014
Secretary of State
CC0612604227

Entity Name: COMMUNITY REHABILITATION CENTER FOUNDATION, INC.

Current Principal Place of Business:

623 BEECHWOOD STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

623 BEECHWOOD STREET
JACKSONVILLE, FL 32206

FEI Number: 30-0256973

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SNIPES, MARK B
623 BEECHWOOD STREET
JACKSONVILLE, FL 32206 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: MARK SNIPES

06/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name SEYMORE, LEON DR
Address 623 BEECHWOOD STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DV
Name TWIGGS, STANLEY
Address 623 BEECHWOOD STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DST
Name GAFFNEY, REGINALD
Address 623 BEECHWOOD STREET
City-State-Zip: JACKSONVILLE FL 32206

Title CFO
Name SNIPES, MARK B
Address 623 BEECHWOOD STREET
City-State-Zip: JACKSONVILLE FL 32206

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

DIRECTOR

06/10/2014

Electronic Signature of Signing Officer/Director Detail

Date