

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

DOCUMENT# N05000004701

**FILED**  
**Feb 09, 2015**  
**Secretary of State**  
**CC6359580533**

**Entity Name:** PROVIDENCE AT WEST JACKSONVILLE, INC.

**Current Principal Place of Business:**

7137 CISCO GARDENS RD  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

8179 GALAXIE DR.  
JACKSONVILLE, FL 32244

**FEI Number: 16-1676946**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HICKS, QUEEN V  
8179 GALAXIE DR.  
JACKSONVILLE, FL 32244 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: QUEEN V. HICKS**

**02/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HICKS, QUEEN V.  
Address 8179 GALAXIE DR.  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name MCCLOUD, SANDRENER  
Address 7137 CISCO GARDENS RD  
City-State-Zip: JACKSONVILLE FL 32219

Title SD  
Name RAWLS, JOYCE  
Address 5835 LESABRE ROAD  
City-State-Zip: JACKSONVILLE FL 32244

Title TD  
Name SHORTER, KATRICE N  
Address 1576 BISCAYNE BAY DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

*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: QUEEN V. HICKS**

**RA**

**02/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date