

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004986

**Entity Name:** COMMUNITY REHABILITATION CENTER INSTITUTE, INC.

**Current Principal Place of Business:**

5308 NORTH PEARL ST  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

5308 NORTH PEARL ST  
JACKSONVILLE, FL 32208

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GAFFNEY, REGINALD  
11636 JERRY ADAMS CT  
JACKSONVILLE, FL 32218 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            P  
Name            GAFFNEY, REGINALD  
Address        11636 JERRY ADAMS CT  
City-State-Zip: JACKSONVILLE FL 32218

Title            CFO  
Name            SNIPES, MARK  
Address        7 SEA BASS LANE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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**

**PRESIDENT**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date