

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49538

**Entity Name:** NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

2392 N. EDGEWOOD AVENUE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

2392 N EDGEWOOD AVE  
JACKSONVILLE, FL 32254 US

**FEI Number:** 59-3128476

**Certificate of Status Desired:** Yes

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

ESTELL, REGINALD J.  
303 N. LIBERTY STREET  
JACKSONVILLE, FL 32202 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:** REGINALD J ESTELL

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name GLOVER, TERRI D  
Address 11 E FORSYTH ST  
APT 301  
City-State-Zip: JACKSONVILLE FL 32226

Title VP  
Name PARKER-BELL, BERNICE  
Address 10887 CHADRON DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title PRESIDENT  
Name HOPKINS, MELANIE  
Address 303 N LIBERTY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name THOMAS, ODEAN  
Address 8000 RAMSGATE RD  
City-State-Zip: JACKSONVILLE FL 32208

Title SECRETARY  
Name MAZEKE, KENTISHA  
Address 3908 VICTORIA LAKE DR  
City-State-Zip: JACKSONVILLE FL 32226

*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:** MELANIE HOPKINS

PRESIDENT

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date