

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

POB 9373A  
JACKSONVILLE, FL 32208 US

**FEI Number:** 59-3128476

**Certificate of Status Desired:** Yes

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

ESTELL, REGINALD J  
505 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name MOORE, CHIQUITA  
Address 5260 COLLINS ROAD  
#1103  
City-State-Zip: JACKSONVILLE FL 32244

Title VP  
Name WILSON, MIA R DR.  
Address 3416 MILCREST DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title D  
Name COLEMAN, CLIFTON  
Address 12452 MISSION HILL DR. S.  
City-State-Zip: JACKSONVILLE FL 32225

Title PRESIDENT  
Name WASHINGTON, STEWARD E  
Address 5711 MARLIN CT  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name ESTELL, REGINALD  
Address 505 N. LIBERTY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name FRANZONI, CHARLES  
Address 1639 BEACH BLVD  
APT #11  
City-State-Zip: JACKSONVILLE FL 32250

Title DIRECTOR  
Name HARLEY, NINA N  
Address 655 RADNOR LANE  
City-State-Zip: JACKSONVILLE FL 32221

Title INTERIM EXECUTIVE DIRECTOR/CEO  
Name GLOVER, TERRI D  
Address 5245 CLAPBOARD CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

**Continues on page 2**

*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:** STEWARD E WASHINGTON

**BOARD PRESIDENT**

**10/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            PARKER-BELL, BERNICE  
Address        1482 25TH STREET  
City-State-Zip: JACKSONVILLE FL 32206