

2018 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:

P.O. BOX 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: REGINALD J ESTELL

04/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
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 COURT
City-State-Zip: JACKSONVILLE FL 32211

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

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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

PRESIDENT

04/23/2018

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

Title DIRECTOR
Name HEATH, MARIE
Address 1697 KINGS RD
City-State-Zip: JACKSONVILLE FL 32209

Title VP, T
Name HOPKINS, MELANIE
Address 6064 TERRY PARKER DRIVE S
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name ROBINSON, JOSEPH
Address P O BOX 6961
City-State-Zip: JACKSONVILLE FL 32236

Title DIRECTOR
Name PERLE, DANIEL E
Address 9509 SOUTHBROOK DRIVE
City-State-Zip: JACKSONVILLE FL 32256