

2023 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

02/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name WASHINGTON, STEWARD E.
Address 5711 MARLIN COURT
City-State-Zip: JACKSONVILLE FL 32277

Title D
Name ESTELL, REGINALD JR.
Address 303 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 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 DIRECTOR
Name PERLE, DANIEL E
Address 9509 SOTHBROOK DRIVE
City-State-Zip: JACKSONVILLE FL 32256

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

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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: MELANIE HOPKINS

PRESIDENT

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WILLIAMS, SIRETTA
Address 13528 ASHFORD WOOD COURT W
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name BROWN, THORNTON
Address 6156 PETTIFORD DRIVE W
City-State-Zip: JACKSONVILLE FL 32209

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

Title DIRECTOR
Name BLAIR, LYNETTE
Address 1036 GLENCARIN STREET
City-State-Zip: JACKSONVILLE FL 32208

Title SECRETARY
Name HOOPER, HELEN
Address 9795 SOUTHBROOK DRIVE
 4108
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name CARTER, MICHAEL
Address 7837 RENAULT DR N
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR
Name WAINWRIGHT, JOLITA
Address 5353 ARLINGTON EXPRESSAY
 APT 12-J
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name RIGGINS, DARRELL
Address 902 FORD WOOD DRIVE
City-State-Zip: JACKSONVILLE FL 32218