

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49538

**FILED**  
**Mar 22, 2022**  
**Secretary of State**  
**5554550144CC**

**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

03/22/2022

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 32211

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 EXECUTIVE DIRECTOR/CEO  
Name GLOVER, TERRI D.  
Address 11 E FORSYTH ST  
301  
City-State-Zip: JACKSONVILLE FL 32226

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

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

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

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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

DIRECTOR

03/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title TREASURER  
Name HOPKINS, MELANIE  
Address 505 N LIBERTY STREET  
City-State-Zip: JACKSONVILLE FL 32202

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