

2021 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

04/01/2021

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: MELANIE HOPKINS

VICE
PRESIDENT/TREASURER

04/01/2021

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