

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49538

FILED
Mar 15, 2019
Secretary of State
0397277530CC

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.
1807 KEY BISCAYNE WAY
JACKSONVILLE, FL 32218 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

03/15/2019

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 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 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 1482 25TH STREET
City-State-Zip: JACKSONVILLE FL 32206

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

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

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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: BERNICE PARKER-BELL

PRESIDENT

03/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title TREASURER
Name DAVIS-JOHNSON, DANA O
Address 50 NORTH LAURA STREET
2500
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name HOPKINS, MELANIE
Address 505 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