

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002814

Entity Name: COMMUNITY REHABILITATION CENTER, INC.

Current Principal Place of Business:

623 BEECHWOOD ST
JACKSONVILLE, FL 32206

Current Mailing Address:

623 BEECHWOOD ST
JACKSONVILLE, FL 32206 US

FEI Number: 59-3198739

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODMAN, ERAKAL
623 BEECHWOOD STREET
JACKSONVILLE, FL 32206 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: ERAKAL GOODMAN

04/27/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LEWIS, MARK
Address 4359 QUEENSWAY DRIVE
City-State-Zip: JACKSONVILLE FL 32257

Title CEO
Name GAFFNEY, REGINALD L
Address 11636 JERRY ADAMS CT
City-State-Zip: JACKSONVILLE FL 32218

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: REGINALD GAFFNEY

CEO

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date