

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706019

FILED  
May 25, 2005  
Secretary of State

Entity Name: ALCOHOLIC SERVICE CENTER INC

**Current Principal Place of Business:**

20 W. 4TH ST  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

20 W. 4TH ST  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

FEI Number: 59-2919095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ETHERIDGE, RICKY  
7636 NORTH SHORE DRIVE  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

LOTHSCHUTZ, PAUL  
3339 ALDRIDGE MALL  
JACKSONVILLE BEACH, FL 32050 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: PAUL LOTHSCHUTZ

05/25/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ETHERIDGE, RICKY  
Address: 7636 NORTH SHORE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP ( ) Delete  
Name: JAXON, JACK  
Address: 2031 SOUTH HAMPTON ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TRD ( ) Delete  
Name: HASHEY, KAREN  
Address: 20 WEST FOUTH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LOTHSCHUTZ, PAUL  
Address: 3339 ALDRIDGE MALL  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP (X) Change ( ) Addition  
Name: JOHNS, WILLIAM  
Address: 20 W 4TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: DIR (X) Change ( ) Addition  
Name: GARNER, SUSAN  
Address: 20 WEST 4TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: DIR ( ) Change (X) Addition  
Name: NEW, JOHN C  
Address: 20 WEST 4TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL LOTHSCHUTZ

PRES

05/25/2005

Electronic Signature of Signing Officer or Director

Date