


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 037 ****70.00

DOCUMENT # 706019			
1. Entity Name ALCOHOLIC SERVICE CENTER INC			
Principal Place of Business 20 W. 4TH ST JACKSONVILLE FL 32206 US		Mailing Address 20 W. 4TH ST JACKSONVILLE FL 32206 US	
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CLAXTON, JOHN W 20 E 4TH STREET JACKSONVILLE FL 32206		4. FEI Number 59-2919095 Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Name		1st MOORE CR2E037 (10/07)	
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature area used when reinstating)			
DATE _____			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAXTON, JOHN W 20 W FOURTH STREET JACKSONVILLE FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DONNA LYNCH 20 W. 4TH ST JAX FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MIKE 20 W 4TH STREET JACKSONVILLE FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM JOHNS 20 W. 4TH ST. JAX FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOARD member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STACEY, LINDA 20 WEST 4TH STREET JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD member SUE GARNER 20 W. 4TH ST. JAX. FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA FISKE, ROSEMARY 20 WEST 4TH STREET JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD member WALLY GREEN 20 W. 4TH ST. JAX. FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DONNA LYNCH 20 W. 4TH ST. JAX. FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD member DONNA RITCHIE 20 W. 4TH ST. JAX. FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD member BILL JOHNS 20 W. 4TH ST. JAX. FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. CLAXTON
John W. Claxton

1-23-08 904-535-8623