

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706019

FILED
Jan 07, 2009
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 (X)

Name and Address of Current Registered Agent:

CLAXTON, JOHN W
20 E 4TH STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLAXTON, JOHN W
Address: 20 W FOURTH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP () Delete
Name: DAVIS, MIKE
Address: 20 W 4TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: BM () Delete
Name: GREEN, WALLY
Address: 20 W 4TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: BM () Delete
Name: JOHNS, WILLIAM
Address: 20 W 4TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: BM () Delete
Name: GARNER, SUE
Address: 20 W 4TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: BM () Delete
Name: RITCHIE, DONNA
Address: 20 W 4TH ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: ROBERT, REEVS
Address: 20 W 4TH ST
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID MCCONVILLE

MAG

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date