

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706019

FILED
Feb 01, 2010
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
Name: CLAXTON, JOHN W
Address: 20 W FOURTH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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

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

Title: BM
Name: BARNEY, GRAPER
Address: 20 W 4TH ST
City-St-Zip: JACKSONVILLE, FL 32206

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

Title: BM
Name: JEANNE, OUELLETTE
Address: 20 W 4TH ST
City-St-Zip: JACKSONVILLE, FL 32206

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: JOHN CLAXTON

PD.

02/01/2010

Electronic Signature of Signing Officer or Director

Date