

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706019

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** ALCOHOLIC SERVICE CENTER INC

**Current Principal Place of Business:**

20 WEST 4TH STREET  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

20 WEST 4TH STREET  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

FEI Number: 59-2919095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLAXTON, JOHN  
20 W 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: PRES  
Name: CLAXTON, JOHN  
Address: 20 W 4TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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

Title: BOAR  
Name: GARNER, SUSAN  
Address: 20 W 4TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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

Title: BOAR  
Name: WHITE, BRAD  
Address: 20 W 4TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: BOAR  
Name: HOLMBERG, TINA  
Address: 20 W 4TH STREET  
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

PRES

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date