

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728992** (9)

1. Corporation Name

ALCOHOLIC REHAB, INC.



Principal Place of Business	Mailing Address
FELLOWSHIP HOUSE 230 LAFAYETTE ST JACKSONVILLE FL 32202 US	FELLOWSHIP HOUSE 230 LAFAYETTE ST JACKSONVILLE FL 32202-2224 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
25	29
Country	30

3. Date Incorporated or Qualified	3a. Date of Last Report
03/06/1974	04/05/1996
4. FEI Number	Applied For
23-7410323	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
EGAN, JAMES J. 8951 ATLANTIC BLVD. STE 404 JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULKNIGHT, LEONARD	1.2 NAME	KLEKOTKA, RAYMOND
STREET ADDRESS	1570 S LANE AVE, #901	1.3 STREET ADDRESS	8717 MONROE AVE.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32208
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JOEL	2.2 NAME	RICHARD HOTHAM
STREET ADDRESS	601 N OCEAN ST, #404	2.3 STREET ADDRESS	5150 BROADWAY AVE.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32254
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISON, CINDY	3.2 NAME	DICK JONES
STREET ADDRESS	8987 4TH AVE	3.3 STREET ADDRESS	11753 WATERBLUFF DR. EAST
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32218
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMBERS, T C	4.2 NAME	
STREET ADDRESS	1904 LANA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, TRAUTE	5.2 NAME	
STREET ADDRESS	1904 LANA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL	5.4 CITY-ST-ZIP	
TITLE	A <input type="checkbox"/> DELETE	6.1 TITLE	A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEKOTKA, RAYMOND J	6.2 NAME	WILLIAM C. WELCH
STREET ADDRESS	8717 MONROE AVE	6.3 STREET ADDRESS	2540 HIDDEN VILLAGE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32218

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: H-29-97

CR2E037 (9/96)