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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90284 026 \*\*\*\*61.25

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1. Corporation Name

ALCOHOL REHAB, INC.

Principal Place of Business

Mailing Address

FELLOWSHIP HOUSE  
2625 MARKET ST. NORTH  
JACKSONVILLE, FL 32206

FELLOWSHIP HOUSE  
2625 MARKET ST. NORTH  
JACKSONVILLE, FL 32206

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
13-7410323

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

9951 Atlantic Blvd.  
Ste. 404  
Jacksonville, FL 32225

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D  
NAME JIMMY WILLIAMS  
STREET ADDRESS 1409 W. MARKET ST.  
CITY-ST-ZIP JACKSONVILLE, FL. 32206

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P/D  
GEORGE NERF  
5227 ROLLINS AVE.  
JACKSONVILLE, FLORIDA 32207

TITLE V/P/T  
NAME JOEL CLARK  
STREET ADDRESS 601 OCEAN ST. NORTH #404  
CITY-ST-ZIP JACKSONVILLE, FL. 32202

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VP/D  
JOE CLARK  
601 OCEAN ST. #404  
JACKSONVILLE, FLORIDA 32202

TITLE V/P/D  
NAME GORDON JENSEN  
STREET ADDRESS 1551 EL CAMINO UNIT 4  
CITY-ST-ZIP JACKSONVILLE, FL 32216

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

VP/T  
RICHARD A JONES  
11753 WATER BLUFF DR. E  
JACKSONVILLE, FLORIDA 32218

TITLE ALT  
NAME DICK JONES  
STREET ADDRESS 11753 WATER BLUFF DRIVD  
CITY-ST-ZIP JACKCONVILLE, FL. 32218

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

T/D  
T. C. SANDERS  
1220 LANA RD.  
YULEE, FLORIDA 32097

TITLE S  
NAME TRAUTE HARRIS  
STREET ADDRESS 1904 LANA ROAD  
CITY-ST-ZIP YULEE, FL. 32097

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

S  
TRAUTE HARRIS  
1220 LANA RD.  
YULEE, FLORIDA 32097

TITLE T/D  
NAME T. C. Sanders  
STREET ADDRESS 1904 LANA ROAD  
CITY-ST-ZIP YULEE, FLORIDA 32097

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

A  
JIMMY WILLIAMS  
1921 MARKET ST.  
JACKSONVILLE, FLORIDA 32206

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)