

FL6000005470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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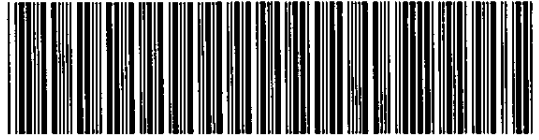
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC -8 PM 3:01

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TALLAHASSEE, FLORIDA

2016 NOV 21 AM 10:06

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K. SALY  
DEC 12 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2016

ANNE KELLY  
SUBSTANCE ABUSE PROGRAM ADMINISTRATORS  
P.O. BOX 6203  
TALLAHASSEE, FL 32314

SUBJECT: SUBSTANCE ABUSE PROGRAM ADMINISTRATORS  
ASSOCIATION  
Ref. Number: W16000079406

RECEIVED  
2016 DEC -8 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SUBSTANCE ABUSE PROGRAM ADMINISTRATORS ASSOCIATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 916A00025293

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Substance Abuse Program Administrators Association  
\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Anne Kelly  
\_\_\_\_\_  
Name of Person

Substance Abuse Program Administrators Association  
\_\_\_\_\_  
Firm/Company

P.O. Box 6203  
\_\_\_\_\_  
Address

Tallahassee, FL 32314  
\_\_\_\_\_  
City/State and Zip Code

anne.kelly@sapaa.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Kelly at ( 850 ) 926-2382  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Substance Abuse Program Administrators Association, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)  
Substance Abuse PAA, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 62-1495533  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/1/1992 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 228 Lee Miller Rd., Crawfordville, FL 32327  
(Principal office address)

P.O. Box 6203, Tallahassee, FL 32314  
(Current mailing address, if different)

8. Staff resides in Florida  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Anne Kelly

Office Address: 228 Lee Miller Rd.

Crawfordville, Florida 32327  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Anne Kelly*  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

SEE ATTACHED LIST OF DIRECTORS

Chairman: \_\_\_\_\_

Address: P.O. Box 6203, Tallahassee, FL 32314  
\_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Amy Evans  
\_\_\_\_\_

Address: P.O. Box 6203, Tallahassee, FL 32314  
\_\_\_\_\_

Vice President: Joe Plaia  
\_\_\_\_\_

Address: P.O. Box 6203, Tallahassee, FL 32314  
\_\_\_\_\_

Secretary: Julie Daugherty  
\_\_\_\_\_

Address: P.O. Box 6203, Tallahassee, FL 32314  
\_\_\_\_\_

Treasurer: Dan Demers  
\_\_\_\_\_

Address: P.O. Box 6203, Tallahassee, FL 32314  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Amy Evans  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Amy Evans, SAPAA Board President  
(Typed or printed name and capacity of person signing application)

SAPAA Board 2016-2017

Amy Evans, President

Joe Plaia, President-Elect

Barry Sample, Past President

Julie Daugherty, Secretary

Dan Demers, Treasurer

Stacy Breaux, Director

Kathy Bruner, Director

Mary Brown-Ybos, Director

Faye Caldwell, Director

Jo Kenney, Director

Lisa Morrison, Director

Linda Richardson, Director

Sandra Serrano, Director

Jeff Sims, Director

Colleen Wienhoff, Director

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TALLAHASSEE, FLORIDA



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

ANNE KELLY  
P.O. BOX 6203  
TALLAHASSEE, FL 32314

November 18, 2016

Request Type: Certificate of Existence/Authorization  
Request #: 0220768

Issuance Date: 11/18/2016  
Copies Requested: 1

Document Receipt

Receipt #: 002973535 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3688939062 \$20.00

Regarding: SUBSTANCE ABUSE PROGRAM ADMINISTRATORS ASSOCIATION  
Filing Type: Nonprofit Corporation - Domestic Control #: 251991  
Formation/Qualification Date: 04/01/1992 Date Formed: 04/01/1992  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SUBSTANCE ABUSE PROGRAM ADMINISTRATORS ASSOCIATION

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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