

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2009  
Secretary of State**

DOCUMENT# N05000000704

Entity Name: SUBSTANCE ABUSE EDUCATION COUNCIL INC

**Current Principal Place of Business:**

4081 YUCATAN CIR.  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

4081 YUCATAN CIR.  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

FEI Number: 03-0553247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RIFKIN, LEONARD J  
4081 YUCATAN CIR.  
PORT CHARLOTTE, FL 33948 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 ( ) Delete  
Name: RIFKIN, LEONARD J  
Address: 4081 YUCATAN CIR.  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: D (X) Delete  
Name: COLLETT, JOAN  
Address: 323 MARACA ST  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: COOK, MARTHA  
Address: 20447 ALBURY DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOAN COLLETT

D

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date