

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706019

**Entity Name:** ALCOHOLIC SERVICE CENTER INC

**Current Principal Place of Business:**

20 WEST 4TH STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

20 WEST 4TH STREET  
JACKSONVILLE, FL 32206 US

**FEI Number:** 59-2919095

**Certificate of Status Desired:** Yes

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

SKALSKI, JANE  
20 W 4TH STREET  
JACKSONVILLE, FL 32206 US

*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:** JANE SKALSKI

02/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MATTSON, GEORGE  
Address        20 WEST 4TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            VP  
Name            SKALSKI, JANE  
Address        20 WEST 4TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            BOARD MEMBER  
Name            CAMPBELL, ROBERT  
Address        20 WEST 4TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            BOARD MEMBER  
Name            TRIGLIA, ROBERT  
Address        20 WEST 4TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            BOARD MEMBER  
Name            OBARSKI, PATRICIA  
Address        20 WEST 4TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            BOARD MEMBER  
Name            LYNCH, TODD  
Address        20 WEST 4TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            BOARD MEMBER  
Name            GRESSETT, MICHAEL  
Address        20 WEST 4TH STREET  
City-State-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:** JANE SKALSKI

**REGISTERED AGENT**

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date