

2014 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:**HOLMBERG, TINA M
20 WEST 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:** TINA M. HOLMBERG

04/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name HOLMBERG, TINA M
Address 20 WEST 4TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name DAVIS, MIKE
Address 20 WEST 4TH STREET
City-State-Zip: JACKSONVILLE FL 32206

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

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

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

Title BOM
Name CLAXTON, JOHN
Address 20 W 4TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title VP
Name DAVIS, MIKE
Address 20 W 4TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title BOAR
Name GARNER, SUSAN
Address 20 W 4TH STREET
City-State-Zip: JACKSONVILLE FL 32206

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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: TINA M. HOLMBERG

EXECUTIVE DIRECTOR

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOAR
Name DAVIS, PATRICIA
Address 20 W 4TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title BOMP
Name HOLMBERG, TINA
Address 20 W 4TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title BOAR
Name WHITE, BRAD
Address 20 W 4TH STREET
City-State-Zip: JACKSONVILLE FL 32206