

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002921

**Entity Name:** NORTHEAST FLORIDA COUNCIL ON ALCOHOLISM AND DRUG ABUSE, INC.

**FILED**  
**Jan 26, 2022**  
**Secretary of State**  
**1520218390CC**

**Current Principal Place of Business:**

650 EDGEWOOD AVE WEST  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

P.O.BOX 57787  
JACKSONVILLE, FL 32241 US

**FEI Number: 59-1991012**

**Certificate of Status Desired: No**

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

STRICKLAND, WALTER  
650 EDGEWOOD AVE WEST  
JACKSONVILLE, FL 32208 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BOWLES, KATHLEEN  
Address 3153 BESS ROAD  
City-State-Zip: JACKSONVILLE FL 32277

Title T  
Name STRICKLAND, WALTER  
Address 650 EDGEWOOD AVE WEST  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name WILBURN, SHARON  
Address 2034 CHEROKEE DR  
City-State-Zip: NEPTUNE BEACH FL 32266

*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: WALTER STRICKLAND**

**TREASURER**

**01/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date