

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002114

**FILED  
Apr 10, 2014  
Secretary of State  
CC5498324944**

**Entity Name:** NORTH PORT ALLIANCE FOR SUBSTANCE ABUSE PREVENTION, INC.

**Current Principal Place of Business:**

6919 OUTREACH WAY  
NORTH PORT, FL 34287

**Current Mailing Address:**

6919 OUTREACH WAY  
NORTH PORT, FL 34287 US

**FEI Number: 80-0923038**

**Certificate of Status Desired: Yes**

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

CARUSONE, VANESSA J  
6919 OUTREACH WAY  
NORTH PORT, FL 34287 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:** VANESSA J CARUSONE

04/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name VESPIA, KEVIN  
Address 6919 OUTREACH WAY  
City-State-Zip: NORTH PORT FL 34287

Title S  
Name WOODCUM, HILARY  
Address 6919 OUTREACH WAY  
City-State-Zip: NORTH PORT FL 34287

Title D  
Name BANUELOS, RUDOLPH  
Address 685 DARWIN ROAD  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name BELIA, JULLIE  
Address 4970 CITY HALL BLVD  
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR  
Name DEJESUS, EDWARD REV.  
Address 3459 NEMO AVE.  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name DIMKE, LENNY  
Address 5043 ESCALANTE DR.  
City-State-Zip: NNORTH PORT FL 34287

Title VC  
Name JACOBSON, TARA  
Address 1116 SOUTHLAND RD  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name KUNDA, CARRIE  
Address 8246 ULSTER DR.  
City-State-Zip: NORTH PORT FL 34291

**Continues on page 2**

*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:** VANESSA CARUSONE

**EXECUTIVE DIRECTOR**

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MURPHY, MARTY  
Address        4411 BOTWICK ST.  
City-State-Zip: NORTH PORT FL 34291

Title           DIRECTOR  
Name           PAWICH, CARLA  
Address        14255 TAMIAMI TR  
City-State-Zip: NORTH PORT FL 34287

Title           CEO  
Name           CARUSONE, VANESSA  
Address        5625 GAINSBORO ST.  
City-State-Zip: NORTH PORT FL 34291