

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002530

**Entity Name:** ADDICTION EDUCATION FOUNDATION INC.

**Current Principal Place of Business:**

8 ALICEN CT  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

8 ALICEN CT  
ORMOND BEACH, FL 32174 US

**FEI Number: 86-2363058**

**Certificate of Status Desired: No**

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

KYLE, KELLEY CPA  
1620 S. CLYDE MORRIS BLVD.  
SUITE 100  
PORT ORANGE, FL 32119 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 ED  
Name TISHLER, BARRY DR.  
Address 8 ALICEN CT  
City-State-Zip: ORMOND BEACH FL 32174

Title BOD  
Name MADAN, PHIL  
Address 1800 NORTH 44TH AVE  
City-State-Zip: HOLLYWOOD FL 33021

Title BOD  
Name JENKINS, ALBERT  
Address 272 PUTNUM AVE  
City-State-Zip: ORMOND BEACH FL 32174

*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: DR. BARRY TISHLER**

**EXECUTIVE DIRECTOR**

**04/01/2023**

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

\_\_\_\_\_  
Date