

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

DOCUMENT# F16000005470

**FILED**  
**Mar 09, 2023**  
**Secretary of State**  
**5836500116CC**

**Entity Name:** SUBSTANCE ABUSE PROGRAM ADMINISTRATORS ASSOCIATION, INC.

**Current Principal Place of Business:**

228 LEE MILLER RD.  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P.O. BOX 6203  
TALLAHASSEE, FL 32314 US

**FEI Number: 62-1495533**

**Certificate of Status Desired: No**

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

KELLY, ANNE  
228 LEE MILLER RD.  
CRAWFORDVILLE, FL 32327 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 SECRETARY  
Name FAYE, CALDWELL  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name SANDRA, SERRANO  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title PAST PRESIDENT  
Name SIMS, JEFF  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title EXECUTIVE DIRECTOR  
Name KELLY, ANNE  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title PRESIDENT  
Name DABBS, SAMMIE  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title TREASURER  
Name DOURAL, REGINA  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name FULMER, TOM  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title PRESIDENT-ELECT  
Name PORTALSKI, BRENNEN  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

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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: ANNE KELLY**

**EXECUTIVE DIRECTOR**

**03/09/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name EVANS, AMY  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name MILLER, KEEGAN  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name TERRY, BRIAN  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name KERNS, DENNIS  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name SULLIVAN, CHARLIE  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name SCHELLING, ROBIN  
Address P.O. BOX 6203  
City-State-Zip: TALLAHASSEE FL 32314