

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005470

FILED
Mar 16, 2022
Secretary of State
2405970009CC

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

Title 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-ELECT
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 DIRECTOR
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, CAE, CMP

EXECUTIVE DIRECTOR

03/16/2022

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