

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005470

Entity Name: SUBSTANCE ABUSE PROGRAM ADMINISTRATORS ASSOCIATION, INC.

FILED
Apr 10, 2017
Secretary of State
CC2001769295

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

Title VP
Name PLAIA, JOE
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

Title S
Name DAUGHERTY, JULIE
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

Title T
Name DEMERS, DAN
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

Title D
Name BREAUX, STACY
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

Title D
Name BRUNER, KATHY
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

Title D
Name BROWN-YBOS, MARY
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

Title D
Name CALDWEL, FAYE
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

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name KENNEY, JO
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

Title D
Name RICHARDSON, LINDA
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

Title D
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 D
Name MORRISON, LISA
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314

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

Title D
Name WIENHOFF, COLLEEN
Address P.O. BOX 6203
City-State-Zip: TALLAHASSEE FL 32314