

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721412** (5)

1. Corporation Name

THE COMMUNITY DRUG AND ALCOHOL COMMISSION, INC.

Principal Place of Business

Mailing Address

N. INC.
803 NO PALAFOX STREET
PENSACOLA FL 32501

N. INC.
803 NO PALAFOX STREET
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1971

3a. Date of Last Report
04/06/1994

4. FEI Number
59-1380927

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **C.O.A.C., Inc.**

2a **C.O.A.C., Inc.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JEFFCOAT, KATHIE
244 E. INTENDENCIA ST.
PENSACOLA FL 32501**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **DAY, LYNDA**
STREET ADDRESS **4444 BAYOU BLVD**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE **P/D** Change Addition
1.2 NAME **Hendrix, Connie**
1.3 STREET ADDRESS **30 S. Spring St.**
1.4 CITY- ST- ZIP **Pensacola, FL 32501**

TITLE **VD**
NAME **HUTCHINSON, JOHN**
STREET ADDRESS **500 BAYFRONT PARKWAY**
CITY- ST- ZIP **PENSACOLA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **TD**
NAME **FRICK, MIKE**
STREET ADDRESS **102 E GARDEN ST.**
CITY- ST- ZIP **PENSACOLA FL**

3.1 TITLE **T/D** Change Addition
3.2 NAME **Moore, Annise**
3.3 STREET ADDRESS **800 N. 12th Avenue**
3.4 CITY- ST- ZIP **Pensacola, FL 32501**

TITLE **M**
NAME **HONEA, GAIL**
STREET ADDRESS **803 N. PALAFOX ST.**
CITY- ST- ZIP **PENSACOLA FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail E. Honea
Gail E. Honea

3/25/95 904-484-2724
Date Daytime Phone #