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**Feb 27, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 721412

1. Corporation Name  
**THE COMMUNITY DRUG AND ALCOHOL COUNCIL, INC.**

Principal Place of Business  
 803 NORTH PALAFOX STREET  
 PENSACOLA FL 32501

Mailing Address  
 803 NORTH PALAFOX STREET  
 PENSACOLA FL 32501



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1380927	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HONEA, GAIL E. 8680 SCENIC HWY #12 PENSACOLA FL 32514				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCILLE, GREGORY	1.2 NAME	MARCILLE, GREGORY
STREET ADDRESS	PO BOX 12726	1.3 STREET ADDRESS	PO BOX 12726
CITY-ST-ZIP	PENSACOLA FL 32575	1.4 CITY-ST-ZIP	PENSACOLA FL 32575
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, CARY	2.2 NAME	MCCOY, CARY
STREET ADDRESS	PO BOX 17129	2.3 STREET ADDRESS	PO BOX 17129
CITY-ST-ZIP	PENSACOLA FL 32522	2.4 CITY-ST-ZIP	PENSACOLA FL 32522
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ANNISE	3.2 NAME	FUNK, ERICA
STREET ADDRESS	800 N. 12TH AVENUE	3.3 STREET ADDRESS	603 W. CHASE ST.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEA, GAIL	4.2 NAME	
STREET ADDRESS	803 N. PALAFOX ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GAIL E. HONEA, EXECUTIVE DIRECTOR** *[Signature]* 01/27/99 850-434-2724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)