

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 721412

FILED
Oct 06, 2005
Secretary of State

Entity Name: THE COMMUNITY DRUG AND ALCOHOL COUNCIL, INC.

Current Principal Place of Business:

3804 N 9TH AVE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

3804 N 9TH AVE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-1380927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HONEA, GAIL E.
8680 SCENIC HWY #12
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: GAIL E. HONEA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIBSON, WILLIAM E
Address: 222 E. INTENDENCIA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VPD () Delete
Name: KENTER, WILLIAM A
Address: 4101 BRITTANY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: VPD (X) Delete
Name: BURLEY, OLIVIA
Address: 3749 D GULF BREEZE PKWY #188
City-St-Zip: GULF BREEZE, FL 32563

Title: S () Delete
Name: GULLEYFT, WILLIAM G
Address: 33 EAST GREGORY STREET, BOX 1443
City-St-Zip: PENSACOLA, FL 32597

Title: TD () Delete
Name: STEELE, DAVID B
Address: 5151 N. 9TH AVE.
City-St-Zip: PENSACOLA, FL 32503

Title: M () Delete
Name: HONEA, GAIL E
Address: 803 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WENDEL, LEN
Address: 3804 NORTH NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: HONEA, GAIL E
Address: 3804 NORTH NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GAIL HONEA

Electronic Signature of Signing Officer or Director

ED

10/06/2005

Date