


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90080 047 \*\*\*\*61.25

<b>DOCUMENT # 721412</b>					
1. Entity Name THE COMMUNITY DRUG AND ALCOHOL COUNCIL, INC.					
Principal Place of Business 3804 N 9TH AVE PENSACOLA, FL 32503			Mailing Address 3804 N 9TH AVE PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1380927	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HONEA, GAIL E. 8680 SCENIC HWY #12 PENSACOLA, FL 32514			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, WILLIAM E		NAME		
STREET ADDRESS	222 E. INTENDENCIA STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENTER, WILLIAM A		NAME	Patricia Miller	
STREET ADDRESS	4101 BRITTANY PLACE		STREET ADDRESS	815 S. Palafax Street	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola, FL 32502	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDEL, LEN		NAME		
STREET ADDRESS	3804 NORTH NINTH AVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, DAVID B		NAME	Ronald Guy	
STREET ADDRESS	5151 N. 9TH AVE.		STREET ADDRESS	27 W. Cedar Street	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP	Pensacola, FL 32502	
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEA, GAIL E		NAME		
STREET ADDRESS	3804 NORTH NINTH AVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Karen Wright	
STREET ADDRESS			STREET ADDRESS	3804 N. 9th Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32503	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Gail E. Honea</i>		GAIL E. HONEA CEO		1/22/07 800-434-2224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	