

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721412

FILED
Jun 22, 2009
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 (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: 1VP () Delete
Name: LOISELLE, ANGELA
Address: 3804 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

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

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

Title: P () Delete
Name: WRIGHT, KAREN
Address: 3804 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: P (X) Change () Addition
Name: LANIER, CECIL
Address: 3804 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: T () Change (X) Addition
Name: GRIFFITH, GLENN
Address: 3804 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: 2VP () Change (X) Addition
Name: PEACOCK, RANDY
Address: 3804 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 E. HONEA

_____ Electronic Signature of Signing Officer or Director

ED

06/22/2009

_____ Date