

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721412

FILED
Feb 15, 2011
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)

Name and Address of Current Registered Agent:

SCRIVNER, LEASHIA
3804 N 9TH AVE
PENSACOLA, FL 32503 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
Name: CHESTERFIELD III, BURTON
Address: 3804 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: S
Name: RAINES, ANDREW
Address: 3804 NORTH NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: ED
Name: SCRIVNER, LEASHIA
Address: 3804 NORTH NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: P
Name: LOISELLE, ANGELA
Address: 3804 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

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

Title: 2VP
Name: TURNER, BRIAN
Address: 3804 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: LEASHIA SCRIVNER

ED

02/15/2011

Electronic Signature of Signing Officer or Director

Date