

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728992

FILED
Mar 27, 2007
Secretary of State

Entity Name: ALCOHOLIC REHAB, INC.

Current Principal Place of Business:

2625 MARKET ST
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

2625 MARKET ST
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 23-7410323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, EILEEN H
6016 BLANK DRIVE
JACKSONVILLE, FL 32244 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: P/M () Delete
Name: WILSON, EILEEN H
Address: 6016 BLANK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: LUCAS, JOHN
Address: 5219 SUNDERLAND RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: HOTHAM, RICHARD E
Address: 9441 BEAUCLERC COVE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: REEVES, ROBERT
Address: 555 BIRD ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: ZUERCHER, JAMES
Address: 9009 WESTERN LAKE, #1303
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: WELSH, BILL
Address: 2543 HIDDEN VILLAGE
City-St-Zip: JACKSONVILLE, FL 32254

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

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

Title: D (X) Change () Addition
Name: RADCLIFFE, RUTH
Address: 5201 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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: EILEEN H. WILSON

P/M

03/27/2007

Electronic Signature of Signing Officer or Director

Date