

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728992

FILED
Apr 13, 2009
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 ()

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: RADCLIFFE, RUTH
Address: 5201 ATLANTIC BLVD., #166
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: LONERGAN, TONI
Address: 2625 N. MARKET ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD () Delete
Name: WILSON, EILEEN
Address: 6016 BLANK DR.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/M (X) Change () Addition
Name: WALLACE, RICHARD
Address: 2518 OAK ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD (X) Change () Addition
Name: CANNADY, DAVID
Address: 8857 SHELL ISLAND DR..
City-St-Zip: JACKSONVILLE, FL 32216

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

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: EILEEN H. WILSON

TREA

04/13/2009

Electronic Signature of Signing Officer or Director

Date