## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 750077**

FILED Jan 05, 2006 Secretary of State

Entity Name: SOUTHWEST FLORIDA ADDICTION SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2101 MCGREGOR BLVD. FT. MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** 2101 MCGREGOR BLVD. FT. MYERS, FL 33901 FEI Number: 59-1965829 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRASER, ANDREA 2115 2ND STREET FT. MYERS, FL 33902 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition FRASER, ANDREA Name: Name: P.O. BOX 398 Address: Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: Title: () Delete Title: VΡ (X) Change ( ) Addition D'ALESSANDRO, JOSEPH Name: DENA, GERAGHTY Name: Address: PO BOX 570 Address: 1320 ALCAZAR AVENUE City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: FORT MYERS, FL 33902 Title: DIR () Delete Title: () Change () Addition HART, LARRY Name: Name: Address: 1469 MORENO AVENUE Address: City-St-Zip: FT MYERS,, FL 33901 City-St-Zip: Title: ( ) Delete Title: SEC (X) Change ( ) Addition Name: MARY, O'BRYAN Name: KEYES, WILLIAM 3931 WEST RIVERSIDE DRIVE Address: Address: PO DRAWER 790 City-St-Zip: FORT MYERS, FL 33901 US City-St-Zip: FORT MYERS, FL 33902 Title: () Delete Title: () Change () Addition ROEPSTORFF, GEOFFREY Name: Name: 13000 S CLEVELAND AVE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition BILL CAMERON Name: Name: Address: 14750 SIX MILE CYPRESS Address: FORT MYERS, FL 33912 City-St-Zip: City-St-Zip:

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: ANDREA FRASER P 01/05/2006