

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750077

FILED
Feb 04, 2008
Secretary of State

Entity Name: SOUTHWEST FLORIDA ADDICTION SERVICES, INC.

Current Principal Place of Business:

2675 WINKLER AVE. SUITE 180
FT. MYERS, FL 333901

New Principal Place of Business:

Current Mailing Address:

2675 WINKLER AVE. SUITE 180
FT. MYERS, FL 333901

New Mailing Address:

FEI Number: 59-1965829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, ANDREA
2115 2ND STREET
FT. MYERS, FL 33902 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 () Delete
Name: FRASER, ANDREA
Address: P.O. BOX 398
City-St-Zip: FORT MYERS, FL 33902

Title: VP () Delete
Name: DENA, GERAGHTY
Address: 1320 ALCAZAR AVENUE
City-St-Zip: FORT MYERS, FL 33902

Title: DIR () Delete
Name: HART, LARRY
Address: 1469 MORENO AVENUE
City-St-Zip: FT MYERS,, FL 33901

Title: SEC () Delete
Name: KEYES, WILLIAM
Address: PO DRAWER 790
City-St-Zip: FORT MYERS, FL 33902

Title: T () Delete
Name: ROEPSTORFF, GEOFFREY
Address: 13000 S CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33907

Title: DIR () Delete
Name: BILL, CAMERON
Address: 14750 SIX MILE CYPRESS
City-St-Zip: FORT MYERS, FL 33912

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: DIR (X) Change () Addition
Name: BILL, CAMERON
Address: 7474 UTILITIES ROAD
City-St-Zip: PUNTA GORDA, FL 33912

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: MICHELLE PHILLIPS

MS.

02/04/2008

Electronic Signature of Signing Officer or Director

Date