FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:20

DOCUMENT # 751003 (5)

1. Corporation Name

NORTHEAST FLORIDA COUNCIL ON ALCHOLISM AND DRUG ABUSE, INC.

Principal Place of Business	Mailing Address
580 W 8TH ST SUITE 3502 JACKSONVILLE FL 32209 US	580 W. 8TH ST. SUITE 3502 JACKSONVILLE FL 3209 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1980
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1990993 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 121 E. 8th St.	26 P.O. Box 3214
Suite, Apt. #, etc. 22 11	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville
Zip 24 32206 Country 25 US	Zip 29 FL Country 30 U.S.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSELLE, BERT 580 W 8TH ST SUITE 3502 JACKSONVILLE FL 32209	81 Name: Dick Warfel 82 Street Address (P.O. Box Number is Not Acceptable): 330 State St. 83 84 City: Jacksonville FL 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	PCD ☒ Change ☐ Addition
NAME	ROSELLE, BERT	12 NAME	Dick Warfel
STREET ADDRESS	3149 LAUREL GROVE DR. NORTH	13 STREET ADDRESS	330 State St
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GREENFIELD, DR. MICKEY	22 NAME	
STREET ADDRESS	1820 BARRS ST., SUITE 640	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	TD ☒ Change ☐ Addition
NAME	PLUMMER-BELTRAME, RENEE	32 NAME	Joel R. Nolley, Jr.
STREET ADDRESS	6484 FORT CAROLINA ROAD	33 STREET ADDRESS	1725 Art Museum Dr
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	CARLOS, DR. PERRY	42 NAME	
STREET ADDRESS	3649 CROWN POINT MEDICAL	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	VD ☒ Change ☐ Addition
NAME	PIERCE, THOMAS	52 NAME	Paul Dickerson
STREET ADDRESS	P.O. BOX 3674 NA	53 STREET ADDRESS	555 Stockton St.
CITY-ST-ZIP	ST. AUGUSTINE FL	54 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	BRIDGES-TOMKINS, DR. SUSAN	62 NAME	
STREET ADDRESS	1701 PRUDENTIAL DR	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard Warfel

Date: 4-27-95 Daytime Phone #: (904) 359-6571

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