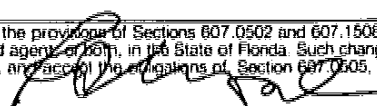
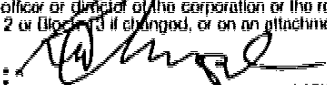


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # 751003 (5) 1. Corporation Name NORTHEAST FLORIDA COUNCIL ON ALCOHOLISM AND DRUG ABUSE, INC.		95 MAY -1 AM 9:20			
Principal Place of Business 580 W 8TH ST SUITE 3502 JACKSONVILLE FL 32209 US		Mailing Address 580 W. 8TH ST. SUITE 3502 JACKSONVILLE FL 3209 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 121 E. 8th St. Suite, Apt. #, etc. 22 11 City & State 23 Jacksonville, FL Zip 24 32206		2a. Mailing Address 26 P.O. Box 3214 Suite, Apt. #, etc. 27 City & State 28 Jacksonville Zip 29 FL		3. Date Incorporated or Qualified 02/12/1980 3a. Date of Last Report 02/03/1994 4. FBI Number 59-1990993 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$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. 100.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent ROSELLE, BERT 580 W 8TH ST SUITE 3502 JACKSONVILLE FL 32209		10. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PCD NAME ROSELLE, BERT STREET ADDRESS 3149 LAUREL GROVE DR. NORTH CITY - ST - ZIP JACKSONVILLE FL TITLE VD NAME GREENFIELD, DR. MICKEY STREET ADDRESS 1820 BARRS ST., SUITE 640 CITY - ST - ZIP JACKSONVILLE FL TITLE VD NAME PLUMMER-BELTRAME, RENEE STREET ADDRESS 6484 FORT CAROLINA ROAD CITY - ST - ZIP JACKSONVILLE FL TITLE VD NAME CARLOS, DR. PERRY STREET ADDRESS 3849 CROWN POINT MEDICAL CITY - ST - ZIP JACKSONVILLE FL TITLE TD NAME PIERCE, THOMAS STREET ADDRESS P.O. BOX 3874 NA CITY - ST - ZIP ST. AUGUSTINE FL TITLE SD NAME BRIDGES-TOMKINS, DR. SUSAN STREET ADDRESS 1701 PRUDENTIAL DR CITY - ST - ZIP JACKSONVILLE FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE PCD ☒ Change ☐ Addition 12 NAME Dick Warfel 13 STREET ADDRESS 330 State St 14 CITY - ST - ZIP Jac Ksonville, FL 32202 21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE TD ☒ Change ☐ Addition 32 NAME Joel R. Nolley, Jr 33 STREET ADDRESS 1725 Art Museum Dr 34 CITY - ST - ZIP Jacksonville, FL 32207 41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE VD ☒ Change ☐ Addition 52 NAME Paul Dickerson 53 STREET ADDRESS 555 Stockton St. 54 CITY - ST - ZIP Jacksonville, FL 32204 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 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 110.07(3)(k), 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 (94) (Typed Name #) 359-6571 0001490					