FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **758791** **(8)**

1. Corporation Name

FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1030 E LAFAYETTE ST #100 TALLAHASSEE FL 32301-1547	1030 E LAFAYETTE ST #100 TALLAHASSEE FL 32301-1547

3. Date Incorporated or Qualified: **06/15/1981**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-2230587** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAIGLE, JOHN G
1030 E LAFAYETTE ST #100
TALLAHASSEE FL 32301-1547

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 '96		
TITLE	P	☑ DELETE	11 TITLE	P.	☐ Change ☑ Addition
NAME	FEULNER, JERRY		12 NAME	Dick Warfel	
STREET ADDRESS	501 NO ORANGE AVE #300		13 STREET ADDRESS	3660 W. Park St.	
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	TD	☑ DELETE	21 TITLE	TD	☐ Change ☑ Addition
NAME	VISSER, LARRY		22 NAME	Pam Middleton	
STREET ADDRESS	580 OLD SANFORD/OVIEDO RD.		23 STREET ADDRESS	1016 N. Clemons St. #406	
CITY-ST-ZIP	WINTER SPRINGS FL		24 CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	VPD	☑ DELETE	31 TITLE	VPD	☐ Change ☑ Addition
NAME	BRYAN, ELLA		32 NAME	Larry Visser	
STREET ADDRESS	121 W PENN AVE		33 STREET ADDRESS	580 Old Sanford/Oviedo Rd.	
CITY-ST-ZIP	DELAND FL		34 CITY-ST-ZIP	Winter Brings, FL 32708	
TITLE	ED	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	DAIGLE, JOHN		42 NAME		
STREET ADDRESS	1030 E LAFAYETTE #100		43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		44 CITY-ST-ZIP		
TITLE	PE	☑ DELETE	51 TITLE	PE	☐ Change ☑ Addition
NAME	WARFEL, DICK		52 NAME	Ella Darya	
STREET ADDRESS	330 W STATE STREET		53 STREET ADDRESS	121 W Pennsylvania Av.	
CITY-ST-ZIP	JACKSONVILLE FL		54 CITY-ST-ZIP	Delard, FL 32720	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: _____ 3/19/96 904-878-2196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #