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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32301-4559

3. Date Incorporated or Qualified: **06/15/1981**
3a. Date of Last Report: **02/29/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WARFEL, DICK		1.2 NAME	BRYAN, ELLA	
STREET ADDRESS	3660 W PARK ST		1.3 STREET ADDRESS	121 W PENNSYLVANIA AVE	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	DELAND, FL 32720	
TITLE	TD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	MIDDLETON, PAM		2.2 NAME	BROWN, RICHARD	
STREET ADDRESS	1016 N CLEMONS ST #406		2.3 STREET ADDRESS	4211 E. BUSCH BLVD.	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	VPD	☐ DELETE	3.1 TITLE	PE	☒ Change ☐ Addition
NAME	VISSER, LARRY		3.2 NAME	VISSER, LARRY	
STREET ADDRESS	580 OLD SANFOR/OVIEDO RD		3.3 STREET ADDRESS	585 EAST STATE RD. 434	
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	ED	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAIGLE, JOHN		4.2 NAME		
STREET ADDRESS	1030 E LAFAYETTE #100		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	PE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, ELLA		5.2 NAME		
STREET ADDRESS	121 W PENNSYLVANIA VE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ 1/30/97 904-878-2196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #