

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758791 (8)
1. Corporation Name
FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.



Principal Place of Business 1030 E LAFAYETTE ST #100 TALLAHASSEE FL 32301-1547	Mailing Address 1030 E LAFAYETTE ST #100 TALLAHASSEE FL 32301-1547
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3. Date Incorporated or Qualified 06/15/1981	
4. FEI Number 59-2230587	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent DAIGLE, JOHN G 1030 E LAFAYETTE ST #100 TALLAHASSEE FL 32301-1547	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P ☒ DELETE
NAME	BRYAN, ELLA
STREET ADDRESS	121 W PENNSYLVANIA AVE
CITY-ST-ZIP	DELAND FL
TITLE	TD ☐ DELETE
NAME	MIDDLETON, PAM
STREET ADDRESS	1016 N CLEMONS ST #408
CITY-ST-ZIP	JUPITER FL
TITLE	PE ☒ DELETE
NAME	VISSER, LARRY
STREET ADDRESS	585 EAST STATE ROAD #434
CITY-ST-ZIP	LONGWOOD FL
TITLE	ED ☐ DELETE
NAME	DAIGLE, JOHN
STREET ADDRESS	1030 E LAFAYETTE #100
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PE ☒ DELETE
NAME	BRYAN, ELLA
STREET ADDRESS	121 W PENNSYLVANIA VE
CITY-ST-ZIP	DELAND FL
TITLE	VPD ☒ DELETE
NAME	BROWN, RICHARD
STREET ADDRESS	4211 EAST BUSCH BLVD
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P ☒ Change ☐ Addition
1.2 NAME	VISSER, LARRY
1.3 STREET ADDRESS	585 EAST STATE RD. 434
1.4 CITY-ST-ZIP	LONGWOOD, FLORIDA 32750
2.1 TITLE	S ☐ Change ☒ Addition
2.2 NAME	JANES, BILL
2.3 STREET ADDRESS	4422 E. COLUMBUS DRIVE
2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33605
3.1 TITLE	PE ☒ Change ☐ Addition
3.2 NAME	BROWN, RICHARD
3.3 STREET ADDRESS	4612 N. 56TH ST.
3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33610
4.1 TITLE	VP LEG/AFFAIR ☐ Change ☒ Addition
4.2 NAME	BIRCH, LARRY
4.3 STREET ADDRESS	2800 BAHIA VISTA ST. #200
4.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34239
5.1 TITLE	VP MINORITY ISSUES ☐ Change ☒ Addition
5.2 NAME	DICKERSON, PAUL
5.3 STREET ADDRESS	555 STOCKTON ST.
5.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32204
6.1 TITLE	VPD ☒ Change ☐ Addition
6.2 NAME	LEWIS, KEVIN
6.3 STREET ADDRESS	2101 MCGREGOR BLVD.
6.4 CITY-ST-ZIP	FT. MYERS, FLORIDA 33901

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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: _____ 1/15/98

CR2E037 (10/97)