2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State
08-18-2004 90002 044 ****61.25

DOCUMENT # 758791

1. Entity 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

54U66651

MOORE CR2E037 (4/04)

2. Principal Place of Business	3. Mailing Address
2868-1 Mahan Drive Suite, Apt. #, etc.	2868-1 Mahan Drive Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number 59-2230587 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 2868-1 Mahan Drive

City: Tallahassee FL Zip Code: 32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 8/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PP BELL, CHET 3875 TIGER BAY RD. DAYTONA BEACH FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pam Middleton - T 1016 N Clemons St # 300 Jupiter FL 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWENCKI, JOHN 1970 MAIN STREET, 3RD FLOOR SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patti Greenough - S 1400 Old Dixie Hwy Stee St Augustine, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RUIZ, MARY PO BOX 9479 BRADENTON FL 34206	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dick Jacobs - VP 205 S Eola Dr Orlando, FL 3280,	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED DAIGLE, JOHN 1030 E LAFAYETTE #100 TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPLA~~ PE KAVANAUGH, FINN 936 SE FORT KING ST. OCALA FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #