## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2006 8:00 am Secretary of State

DOCUMENT # 758791  1. Entity Name FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.						03-21-2006	90034 012 ****(	51.25
Principal Place of Business 2868-1 MAHAN DRIVE TALLAHASSEE, FL 32308		Mailing Address 2868-1 MAHAN DRIVE TALLAHASSEE, FL 32308		<sup>-</sup> Այս -				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032006	Chg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Number	<u> </u>		Applied For	
Zip Country		Zip Cou		ntry	59-2230587 Not Applicable  5. Certificate of Status Desired \$8.75 Additional			
	6 Name and Address of Custons	Poststored Againt			7 Name and	Address of New I	Fee Requir	ed
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
DAIGLE, JOHN G 2868-1 MAHAN DR TALLAHASSEE, FL 32308				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or both	h, in the State of Fl	lorida. I am familiar with	, and accept
SIGNATURE .		and little if applicable. (NOTE	Parinteres	Agent signature require	and unbean resignations)		13/06	
	Some of registered agent	and tale is applicable. (NOTE	negateret	o Agent signature require	ed where retriated and )		UNIE	
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Camp. Trust Fund Cor								
					\$5.00 May Be Added to Fees	•	Make check payable rida Department of S	
10.	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund C			Added to Fees	Flo		State
TITLE	OFFICERS AND DIE	Trust Fund C	11.	on.	Added to Fees	Flo	rida Department of S	N 10
TITLE	OFFICERS AND DIE PP BELL, CHET	Trust Fund C	11. TITLE	on	Added to Fees	Flo	erida Department of S	N 10
TITLE	OFFICERS AND DIE	Trust Fund C	11. TITLE NAME	on.	Added to Fees	Flo	erida Department of S	N 10
TITLE NAME STREET ADDRESS	OFFICERS AND DIF PP BELL, CHET 3875 TIGER BAY RD.	Trust Fund C	11. TITLE NAME	E ET ADDRESS	Added to Fees	Flo	erida Department of S	State N 10 Addilion
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X John Daigle 1306 850-878-2196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylume Phone #