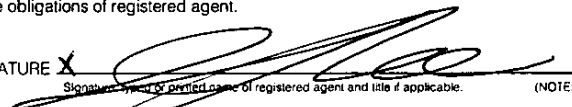


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2006 90034 012 ****61.25

DOCUMENT # 758791 1. Entity Name FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.					
Principal Place of Business 2868-1 MAHAN DRIVE TALLAHASSEE, FL 32308			Mailing Address 2868-1 MAHAN DRIVE TALLAHASSEE, FL 32308		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2230587	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAIGLE, JOHN G 2868-1 MAHAN DR TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE 				1/3/06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006				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	PP BELL, CHET 3875 TIGER BAY RD. DAYTONA BEACH, FL 32124	☐ Delete			
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	P MIDDLETON, PAM 1016 N CLEMONS ST # 300 JUPITER, FL 33477	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DAIGLE, JOHN 1030 E LAFAYETTE #100 TALLAHASSEE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE KAVANAUGH, FINN 936 SE FORT KING ST. OCALA, FL 34471	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENOUGH, PATTI 1400 OLD DIXIE HWY STE C SAINT AUGUSTINE, FL 32084	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2868 Mahan Drive Ste 1 Tallahassee FL 32308				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					