

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758791

FILED
Jan 22, 2008
Secretary of State

Entity Name: FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.

Current Principal Place of Business:

2868-1 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2868-1 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2230587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAINE, MARK
2868-1 MAHAN DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: MIDDLETON, PAM
Address: 1016 N CLEMONS ST 300
City-St-Zip: JUPITER, FL 33477

Title: T () Delete
Name: RIHN, ROBERT
Address: 4683 E COUNTY RD 540-A
City-St-Zip: LAKE LAND, FL 33813

Title: P () Delete
Name: HAMILTON, NANCY
Address: 6655 N66TH N
City-St-Zip: PINELLAS PARK, FL 33781

Title: ED () Delete
Name: FONTAINE, MARK,
Address: 2868 MAHAN DR, STE 1
City-St-Zip: TALLAHASSEE, FL 32308

Title: PE () Delete
Name: JACOBS, DICK
Address: 205 S EOLA DR
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: ANDERSON, RICHARDSON
Address: 4300 S.W 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMILTON, NANCY
Address: 6655 66TH ST. N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: T (X) Change () Addition
Name: RIHN, ROBERT
Address: 1815 CRYSTAL LAKE DR.
City-St-Zip: LAKE LAND, FL 33801

Title: VP (X) Change () Addition
Name: GREENOUGH, PATTI
Address: 1400 OLD DIXIE HWY, SUITE C
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK FONTAINE

ED

01/22/2008

Electronic Signature of Signing Officer or Director

Date