

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758791

FILED
Jan 08, 2010
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: P
Name: RIHN, BOB
Address: 1815 CRYSTAL LAKE DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: T
Name: CHERRY, JON
Address: P.O. BOX 491000
City-St-Zip: LEESBURG, FL 34749

Title: VP
Name: ANDERSON, RICHARD
Address: 4300 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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

Title: PE
Name: GREENOUGH, PATTI
Address: 1400 OLD DIXIE HIGHWAY, SUITE C
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S
Name: PAGEL, LAUREEN
Address: 463142 SR 200
City-St-Zip: YULEE, FL 32097

I hereby 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 all other like empowered.

SIGNATURE: MARK P FONTAINE

ED

01/08/2010

Electronic Signature of Signing Officer or Director

Date