


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 046 ****61.25

DOCUMENT # 762052 1. Entity Name FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.					
Principal Place of Business 1725 ART MUSEUM DRIVE FSAS DEPARTMENT JACKSONVILLE, FL 32207 US			Mailing Address 1725 ART MUSEUM DRIVE FSAS DEPARTMENT JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLLEY, JOEL R JR. 1725 ART MUSEUM DRIVE FSAS DEPARTMENT JACKSONVILLE, FL 32207				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>Joel R Holley Jr</i> 1/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DIAZ, PHILIP 8581 SARATOGA INLET DRIVE ORLANDO, FL 32829	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Piper, Robert 468 PARKVIEW DRIVE SARASOTA, FL. 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP HOLLEY, CAROLYN S 1725 ART MUSEUM DR JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINCKE, BARBARA 2225 N.E. 14 STREET OCALA, FL. 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V.P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, TUNNIE 3141 EAST BUSINESS 98 PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIPER, ROBERT L 468 PARKVIEW DRIVE SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, MARIA 650 16th Street North ST. PETERSBURG, FL. 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REINCKE, BARBARA 2225 N.E. 14TH STREET OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Holley, Joel Jr. 1725 ART MUSEUM DRIVE JAX, FL. 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Joel R Holley Jr</i> 1-9-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					