2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# 762052

Entity Name: FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.

Current Principal Place of Business:

1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2195347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLLEY, JOEL R JR.
1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE, FL 32207 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 ( ) Delete
Name: REINCKE, BARBARA
Address: 2225 NE 14TH ST
City-St-Zip: OCALA, FL 34470

Title: VP ( ) Delete
Name: MILLER, TUNNIE
Address: 3141 EAST BUSINESS 98
City-St-Zip: PANAMA CITY, FL 32401

Title: PP ( ) Delete
Name: ROBERTS, MARIA
Address: 650 16TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T ( ) Delete
Name: HOLLEY, JOEL JR
Address: 1725 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete
Name: MCLEAN, CARALI
Address: 719 US HWY 301 S
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLER, TUNNIE MRS
Address: 4000 E. THIRD STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: VP (X) Change ( ) Addition
Name: BLOUNT, WILLIAM R DR
Address: 7209 HAMMETT ROAD
City-St-Zip: TAMPA, FL 33647-120

Title: PP (X) Change ( ) Addition
Name: REINCKE, BARBARA L MRS
Address: 225 N.E. 14TH STREET
City-St-Zip: OCALA, FL 34470

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: JOEL R HOLLEY JR TREA 06/23/2009
Electronic Signature of Signing Officer or Director — Date