2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
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 ( )**

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
Name: POWERS, GARY
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204 25

Title: VP
Name: BRITT-BERRY, ANNIE
Address: 2127 PAT THOMAS PARKWAY
City-St-Zip: QUINCY, FL 32351

Title: PP
Name: MILLER, TUNNIE MRS
Address: 4000 E. THIRD STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: T
Name: REINCKE, BARBARA L MRS.
Address: 225 N.E. 14TH STREET
City-St-Zip: OCALA, FL 34470

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

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: C. SUE HOLLEY PP 03/14/2011
Electronic Signature of Signing Officer or Director Date