## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#762783** 

FILED Jaņ 0<u>3, 2</u>012 Secretary of State

Entity Name: CHEMICAL DEPENDENCY COUNSELING INCORPORATED

**New Principal Place of Business: Current Principal Place of Business:** 

300 WEST ADAMS STREET **SUITE #240** 

JACKSONVILLE, FL 32202 US

**New Mailing Address: Current Mailing Address:** 

300 WEST ADAMS STREET **SUITE #240** JACKSONVILLE, FL 32202 US

FEI Number: 59-2178947 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

DAVIS, JOHN A III

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORENSICS AND CRISIS RESPONSE, INC. 300 WEST ADAMS STREET **SUITE #240** 

300 WEST ADAMS STREET SUITE #240 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

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: JOHN A. DAVIS III 01/03/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

**PRES** 

HOBBS, KATHY Name:

Address: 300 WEST ADAMS ST. SUITE 240 City-St-Zip: JACKSONVILLE, FL 32202 US

Title:

Name: FINNEY, CRAIG

Address: 300 WEST ADAMS ST. SUITE 240 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: **TREA** 

DAVIS, JOHN A III Name:

300 WEST ADAMS ST. SUITE 240 Address: City-St-Zip: JACKSONVILLE, FL 32202 US

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: KATHY B. HOBBS **PRES** 01/03/2012