

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90014 036 \*\*\*\*70.00

**DOCUMENT # N00000005949**

1. Entity Name  
**ALUMNI ASSOCIATION SOUTHEASTERN SCHOOL OF  
ALCOHOL AND OTHER DRUG STUDIES, INC.**



Principal Place of Business  
**2232 PAUL RUSSELL CIR.  
TALLAHASSEE, FL 32301**

Mailing Address  
**2232 PAUL RUSSELL CIR.  
TALLAHASSEE, FL 32301**

**54016515**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3700493**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEIGER, SLADE  
2232 PAUL RUSSELL CIR.  
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Slade Geiger*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-3-04**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME RASCO, ELAINE G  
STREET ADDRESS 5523 SPANISH TRACE  
CITY-ST-ZIP PINSON, AL 35126

TITLE VD ☒ Delete  
NAME WEAVER, BILL  
STREET ADDRESS 2905 PIERCE STREET #10  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE SD ☒ Delete  
NAME LAW, LAVAITER  
STREET ADDRESS 626 RICHARD M SCRUSHY BARKLEY  
CITY-ST-ZIP FAIRFIELD, AL 35064

TITLE T ☐ Delete  
NAME LAMKIN, JOHN  
STREET ADDRESS 280 ADAMS DR.  
CITY-ST-ZIP PINE APPLE, AL 36768

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☒ Addition  
NAME Slade Geiger  
STREET ADDRESS 2232 Paul Russell Circle  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE V ☒ Change ☐ Addition  
NAME Christopher Sheffield  
STREET ADDRESS 123 Payne St.  
CITY-ST-ZIP Thomasville, GA 31792

TITLE S ☒ Change ☐ Addition  
NAME Pamela Ibeh  
STREET ADDRESS 670 Rutledge St  
CITY-ST-ZIP Orangeburg, S.C. 29115

TITLE ☒ Change ☒ Addition  
NAME  
STREET ADDRESS 22 Banana St.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Slade Geiger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-04**

DATE

**850-488-3250**

DAYTIME PHONE #