

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001057

FILED
Apr 27, 2005
Secretary of State

Entity Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE TAMPA, INC.

Current Principal Place of Business:

2701 W. BUSCH BOULEVARD
206
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2701 W. BUSCH BOULEVARD
206
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3705335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAWBERRY, CHARISSE A
4110 HIGHLAND PARK CIRCLE
LUTZ, FL 33549 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: D () Delete
Name: FORNACI, ADELE SMITHERS
Address: 703 GUISSANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: BYCZEK, JOHN A
Address: 14608 DARTMOOR LANE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: NEDERLANDER, DAWN
Address: 5 JENNIFER CT.
City-St-Zip: RANCHO MIRAGE, CA

Title: D () Delete
Name: SIERRA SMITH, DINA
Address: 1125 FLORES DE AVILA
City-St-Zip: TAMPA, FL 33616

Title: D () Delete
Name: AVIS, HARRISON
Address: 18115 SUGAR BROOKE DRIVE
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: HELDFOND, BENJAMIN
Address: 15438 NORTH FLORIDA AVE #200
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OLDER, BENJAMIN
Address: 209 SOUGHT HIGOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change () Addition
Name: KING, GUY
Address: P.O. BOX 373
City-St-Zip: TAMPA, FL 33601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARISSE STRAWBERRY

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04/27/2005

Electronic Signature of Signing Officer or Director

Date