

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001057

FILED  
Jul 05, 2006  
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 ( )**  
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:**

STRAWBERRY, CHARISSE A  
4110 HIGHLAND PARK CIRCLE  
LUTZ, FL 33549      US

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

STRAWBERRY, CHARISSE A  
2550 BROOKFOREST DRIVE  
WESLEY CHAPEL, FL 33543      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: CHARISSE A STRAWBERRY

07/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: FORNACI, ADELE SMITHERS  
Address: 703 GUI SANDO 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: OLDER, BENJAMIN  
Address: 209 SOUGHT HGOWARD AVENUE  
City-St-Zip: TAMPA, FL 33606

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

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: D      (X) Change ( ) Addition  
Name: KEVIN NASHBAR,  
Address: 100 DEARPATH CT  
City-St-Zip: OLDSMAR, FL 33602

Title: D      (X) Change ( ) Addition  
Name: OLDER, BENJAMIN  
Address: 209 S. HOWARD AVE  
City-St-Zip: TAMPA, FL 33606

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 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: BENJAMIN HELDFOND

OFF

07/05/2006

Electronic Signature of Signing Officer or Director

Date