

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 28, 2006
Secretary of State

DOCUMENT# N01000001057

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:**9705 N. ARMENIA AVENUE
TAMPA, FL 33612**Current Mailing Address:**2701 W. BUSCH BOULEVARD
206
TAMPA, FL 33618**New Mailing Address:**9705 N. ARMENIA AVENUE
TAMPA, FL 33612**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
2550 BROOKFOREST DRIVE
WESLEY CHAPEL, FL 33543 US**Name and Address of New Registered Agent:**STRAWBERRY, CHARISSE A
9705 N. ARMENIA AVENUE
TAMPA, FL 33612 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 STRAWBERRY

11/28/2006

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: KEVIN NASHBAR,
Address: 100 DEARPATH CT
City-St-Zip: OLDSMAR, FL 33602

Title: D () Delete
Name: OLDER, BENJAMIN
Address: 209 S. HOWARD AVE
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: FIRTH, GINA
Address: 401 W. KENNEDY
City-St-Zip: TAMPA, FL 33606

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

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: CHARISSE STRAWBERRY

D

11/28/2006

Electronic Signature of Signing Officer or Director

Date