2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90075 046 ****61.25

DOCUMENT # N01000001057

1. Entity Name

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE TAMPA, INC.

Principal Place of Business	Mailing Address
9705 N. ARMENIA AVENUE TAMPA FL 33612	9705 N. ARMENIA AVENUE TAMPA FL 33612

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3705335 — 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
STRAWBERRY, CHARISSE A 9705 N. ARMENIA AVENUE TAMPA FL 33612	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 Charisse Strawberry 1-22-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete FORNACI, ADELE SMITHERS 703 GUISANDO DE AVILA TAMPA FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition Jennifer Mongelluzzi 1800 Bee Pond Rd Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BYCZEK, JOHN A 14608 DARTMOOR LANE TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete FIRTH, GINA 401 W. KENNEDY TAMPA FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete OLDER, BENJAMIN ~~209 S. HOWARD~~ AVE 3014 W. Palmira Ave #301 ~~TAMPA FL 33606~~ Tampa, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BLANC, DORI 13026 TERRACE BLVD TAMPA FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HELDFOND, BENJAMIN 15438 NORTH FLORIDA AVE #200 TAMPA FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Charisse Strawberry 1-22-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #