

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001057

**FILED**  
**Oct 21, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

9705 N. ARMENIA AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

3910 NORTHDAL BLVD.  
SUITE 100  
TAMPA, FL 33624

**Current Mailing Address:**

9705 N. ARMENIA AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

3910 NORTHDAL BLVD.  
SUITE 100  
TAMPA, FL 33624

**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  
9705 N. ARMENIA AVENUE  
TAMPA, FL 33612      US

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

STRAWBERRY, CHARISSE A  
3910 NORTHDAL BLVD.  
SUITE 100  
TAMPA, FL 33624      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

10/21/2008

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: FIRTH, GINA  
Address: 401 W. KENNEDY  
City-St-Zip: TAMPA, FL 33606

Title: D      ( ) Delete  
Name: OLDER, BENJAMIN  
Address: 3014 W PALMIRA AVE #301  
City-St-Zip: TAMPA, FL 33629

Title: D      ( ) Delete  
Name: BLANC, DORI  
Address: 13026 TERRACE BLVD  
City-St-Zip: TAMPA, FL 33637

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: D      (X) Change ( ) Addition  
Name: SMITHERS, ADELE  
Address: 703 GUI SANDO DE AVILA  
City-St-Zip: TAMPA, FL 33613

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BEN HELDFOND

CHAI

10/21/2008

Electronic Signature of Signing Officer or Director

Date