2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N01000001057

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

Current Principal Place of Business:

3910 NORTHDALE BLVD.
SUITE 100
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

3910 NORTHDALE BLVD.
SUITE 100
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3705335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STRAWBERRY, CHARISSE A
3910 NORTHDALE BLVD.
SUITE 100
TAMPA, FL 33624 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: SMITHERS, ADELE
Address: 703 GUISANDO 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 US

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

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

Title: D (X) Change ( ) Addition
Name: HELDFOND, BENJAMIN
Address: 15436 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: CHARISSE STRAWBERRY PRES 04/14/2009

Electronic Signature of Signing Officer or Director — Date