

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001965

FILED
Apr 20, 2004
Secretary of State**Entity Name:** SARASOTA COALITION ON SUBSTANCE ABUSE, INC.**Current Principal Place of Business:**205 N ORANGE AVE
2N
SARASOTA, FL 34236**New Principal Place of Business:**5632 BEE RIDGE ROAD
A1
SARASOTA, FL 34233**Current Mailing Address:**205 N ORANGE AVE
2N
SARASOTA, FL 34236**New Mailing Address:**5632 BEE RIDGE ROAD
A1
SARASOTA, FL 34233**FEI Number:** 65-1084957**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILLER, HAROLD ESQ.
7350 S. TAMIAMI TRAIL
UNIT 210
SARASOTA, FL 34231 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:** ED () Delete
Name: LIEBERT, ROLAND PHD
Address: 4361 ARROW AVE.
City-St-Zip: SARASOTA, FL 34232**Title:** C () Delete
Name: RANDLE, TOM
Address: P.O. BOX 15407
City-St-Zip: SARASOTA, FL 34277**Title:** VC () Delete
Name: LACHER, MIRIAM
Address: 1625 S OSPREY AVE
City-St-Zip: SARASOTA, FL 34239**Title:** D () Delete
Name: CAUFFIELD, CHRISSTINE
Address: 1750 17TH ST., BLDG B-2
City-St-Zip: SARASOTA, FL 34234**Title:** D () Delete
Name: CHAPMAN, ROSE
Address: 1750 17TH ST., BLDG B-2
City-St-Zip: SARASOTA, FL 34234**Title:** T () Delete
Name: CRAWFORD, TOM
Address: 5560 BEE RIDGE RD BLD D7
City-St-Zip: SARASOTA, FL 34234**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ED (X) Change () Addition
Name: PHILLIPS, LISA D MSW
Address: 3427 STOKES DRIVE
City-St-Zip: SARASOTA, FL 34232**Title:** C (X) Change () Addition
Name: RANDLE, THOMAS
Address: P.O. BOX 15407
City-St-Zip: SARASOTA, FL 34277**Title:** VC (X) Change () Addition
Name: LITTLE, WILLIAM MPH
Address: PO BOX 2658
City-St-Zip: SARASOTA, FL 34230**Title:** T (X) Change () Addition
Name: CAUFFIELD, CHRISTINE DR
Address: PO BOX 1599
City-St-Zip: SARASOTA, FL 34230**Title:** D (X) Change () Addition
Name: CHAPMAN, ROSE
Address: 2688 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34237**Title:** S (X) Change () Addition
Name: BROOKS, PHILIP J
Address: 1970 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA PHILLIPS

ED

04/20/2004

Electronic Signature of Signing Officer or Director_____
Date