## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 10, 2006 8:00 am

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DOCUMENT # N0100001965  1. Entity Name SARASOTA COALITION ON SUBSTANCE ABUSE, INC.								90023 004 ****		
Principal Place of Business 4409 SAWYER ROAD SARASOTA, FL 34233			Mailing Address 4409 SAWYER ROAD SARASOTA, FL 34233							
			3. Mailing Address	3. Mailing Address P.O. BOX 51985						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062006	Chg-NP	CR2E037 (11/0	5)	
City & State			Serasof				4. FEI Number Applied For 65-1084957 Not Applicable			
Zip		Country	34232	Solva	šota.	5. Certificate	of Status Desired	\$8.75 Fee Req	Additional uired	
	6. Name and	Address of Current	Registered Agent			7. Name and	Address of New I	Registered Agent		
MILLER, HAROLD ESQ. 7350 S. TAMIAMI TRAIL UNIT 210 SARASOTA, FL 34231					Name Street Address (P.O. Box Number is Not Acceptable)					
ornation triple of mot					City	FL Zip Code				
	named entity sub lions of registered		r the purpose of changir	ng its registered	l office or register	ed agent, or bot	n, in the State of Fl	lorida. I am tamiliar w	ith, and accept	
SIGNATURE.	Signature, typed or prin	ited name of registered agent i	and title if applicable.	(NOTE: Registered A	gent signature required	when reinstating)		DATE		
	Filing Fee Is Due by May		<b>I</b>	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 DIF	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTORS	3 IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PHILLIPS, LIS 3427 STOKES SARASOTA, I	DRIVE	Delete	TITLE NAME STREET CITY-S	ADDRESS TO		o, Curti	S S. Ota Pkwy	ge RAddition #1125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RANDLE, THO P.O. BOX 154 SARASOTA, I	DMAS	☐ Delete	TITLE NAME	33	109019		Chan		
TITLE		EL 34277		CITY-S'	ADDRESS T-ZIP				ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VC LITTLE, WILL PO BOX 2658 SARASOTA, I	IAM MPH	☐ Delete	CITY-S'	T-ZIP ADDRESS			☐ Chan	-	
STREET ADDRESS	LITTLE, WILL PO BOX 2658 SARASOTA, I	IAM MPH  FL 34230  CHRISTINE DR	□ Delete	CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP	tcliffe, BOX 150 asota,	Joann 19 172. 34	□ Chan	ge Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LITTLE, WILL PO BOX 2658 SARASOTA, I T CAUFFIELD, PO BOX 1598	IAM MPH FL 34230  CHRISTINE DR FL 34230  SHERRI NDINGS		CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	io Lano	12. 39 Ungs Bl	e □ Chan -2-30 □ Skahan	ge Addition  ge Addition  ge Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is tyde and accurate and that my signature shall have the same legal effect as if made under orath; 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 attacpment with an address, with all other like empowered.

SIGNATURE:

CUMS 5 Lavarello