NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90096-045-$70.00-$70.00

DOCUMENT # NO1000004056

1. Entity Name

NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF PALM BEACH, INC.

03 OCT -6 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 EMBASSY DRIVE	1700 EMBASSY DRIVE
Suite, Apt. #, etc.: #907	Suite, Apt. #, etc.: #907
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☑ Not Applic

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL J. CROWLEY #907

Street Address (P.O. Box Number is Not Acceptable): 1700 EMBASSY DRIVE

City: WEST PALM BEACH, FL FL Zip Code: 3340

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 acc the obligations of registered agent.

SIGNATURE: Michael J Crowley Michael Crowley 9-30-03

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	Michael J. Crowley Director 1700 Embassy Drive #907 West Palm Beach, FL 33401		
	Jeanne Conway #210 Director 170 N Ocean Way Palm Beach, fl 33480		
	Raymond E. Kramer Director 1511 North Lake Way Palm Beach, FL 33480		DO NOT WRITE
			IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 direc 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 on a attachment with an address, with all other like empowered.

Michael J Crowley Sept. 5, 2003 (561) 687-5224

FF 10/7