


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90012 009 ****61.25

DOCUMENT # N01000005760

1. Entity Name
 FLORIDA SUBSTANCE ABUSE CONSORTIUM, INC.



44051841

Principal Place of Business
 501 E. TENNESSEE ST.
 SUITE A
 TALLAHASSEE, FL 32308

Mailing Address
 501 E. TENNESSEE ST.
 SUITE A
 TALLAHASSEE, FL 32308



2. Principal Place of Business
 Suite, Apt. #, etc.
Suite C

3. Mailing Address
 Suite, Apt. #, etc.
Suite C

08092004 Chg-NP CR2E037 (10/03)

City & State
 City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

STIVERS, H.B.
 245 E. VIRGINIA ST.
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 8, 2004

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	D	<input type="checkbox"/> Delete
NAME	CAUFFIELD, CHRISTINE	
STREET ADDRESS	3830 BEE RIDGE RD.	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, PHILLIP	
STREET ADDRESS	5644 COLCORD AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, BARNEY.	
STREET ADDRESS	501 E. TENNESSEE ST, STE A	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cauffield, Christine	
STREET ADDRESS	1565 state st.	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diaz, Philip	
STREET ADDRESS	555 stockton st.	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bishop, Barney-T. III	
STREET ADDRESS	501 E. Tennessee St. Suite C	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Barney T. Bishop III 8-11-04 (850)224-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #