2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N01000006651

Entity Name: FLORIDA ASSOCIATION OF DRUG COURT PROFESSIONALS, INC.

Current Principal Place of Business:

249 W. UNIVERSITY AVE.
REAR ENTRANCE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

249 W. UNIVERSITY AVE.
REAR ENTRANCE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 65-1140643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTANGELO, JAMES E TREASUR
249 W. UNIVERSITY AVE.
REAR ENTRANCE
GAINESVILLE, FL 32601 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:	MAY, MELANIE G CHAIR	
Address:	1525 PALM BEACH LAKES BOULEVARD	
City-St-Zip:	WEST PALM BEACH, FL 33402	
Title:	D	( ) Delete
Name:	POLLACK, GISELE VICE CH	
Address:	201 S.E. 6TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	SANTANGELO, JAMES E TREASUR	
Address:	249 W. UNIVERSITY AVE. (REAR ENTRANCE)	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	D	( ) Delete
Name:	JEWELL, MICHAEL SEC	
Address:	101 N. ALABAMA AVE.	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	EPSTEIN, MARTIN PAST CH	
Address:	3228 GUN CLUB ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33406	

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:	

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: JAMES E. SANTANGELO D 01/07/2008

Electronic Signature of Signing Officer or Director — Date