

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006651

FILED
Jan 16, 2009
Secretary of State

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: D (X) Change () Addition
Name: MAY, MELANIE G PAST CH
Address: 1525 PALM BEACH LAKES BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D (X) Change () Addition
Name: POLLACK, GISELE CHAIR
Address: 201 S.E. 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

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

TRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date