

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006651

FILED  
Feb 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6631 LANDOVER CIRCLE  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

6631 LANDOVER CIRCLE  
TALLAHASSEE, FL 32317

**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:**

GRANDAL, JENNIFER TREASUR  
6631 LANDOVER CIRCLE  
TALLAHASSEE, FL 32317 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: MR.  
Name: ESPINOSA, JACK CHAIR  
Address: 800 E. TWIGGS STREET, ROOM 416  
City-St-Zip: TAMPA, FL 33602

Title: MS.  
Name: BEACH, MARCIA VCHAIR  
Address: 201 S.E. 6TH STREET, ROOM 6820  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MS.  
Name: GRANDAL, JENNIFER TREASUR  
Address: 6631 LANDOVER CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MS.  
Name: MUIR-ISHERWOOD, JANE SECRETA  
Address: 302 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER GRANDAL

TREA

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date