2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000010899

1. Entity Name

FLORIDA SUBSTANCE ABUSE AND MENTAL HEALTH CORPORATION

FILED

04 JUL -2 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
429 TARRAGONA WAY DAYTONA BEACH FL 32114 US	429 TARRAGONA WAY DAYTONA BEACH FL 32114 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0508777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, DOROTHY E
429 TARRAGONA WAY
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: Ellen Piekalkiewicz
Street Address (P.O. Box Number is Not Acceptable): 1317 Winewood Blvd.
Bldg. 1 Room 206-B
City: Tallahassee FL Zip Code: 32399-0700

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: Ellen Piekalkiewicz 5/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIS, DOROTHY E 429 TARRAGONA WAY DAYTONA BEACH FL 32114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GEORGE, JOSEPH P JR. 13145 SW 90TH COURT MIAMI FL 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SETR MILLER, DAVID 23543 ABERCORN LANE LAND O'LAKES FL 34639 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP J.T. DCF	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 7/2	☐ Change ☐ Addition

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: Dorothy E. Lewis (DOROTHY E. LEWIS) 2/25/04 (386)253-3394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CNPPPJT4 - 04 RUN DATE 06/29/2004 AS OF 06/29/2004
FLAIR - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE

OLO	450000	- DEPARTMENT OF STATE	OLO	600000	- DEPARTMENT OF CHILDREN AND FAMILIES
SITE	00	- DEPARTMENT OF STATE	SITE	30	- DCF - CENTRAL FISCAL OFFICE (850)488-4612

SWDN H4000148688 ADOCNO V004669

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
50 10 1 000326 60910505 00 040000 00		25	4990	61.25	45 10 1 000132 45300100 00 000100 00 INVOICE # 000010899		45 61.25	
TRANSACTION CODE TOTAL - 25				61.25		45		61.25

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