

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010899

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** FLORIDA SUBSTANCE ABUSE AND MENTAL HEALTH CORPORATION

**Current Principal Place of Business:**

1317 WINEWOOD BLVD.  
BLDG. 1, ROOM 206-B  
TALLAHASSEE, FL 323990700 US

**New Principal Place of Business:**

**Current Mailing Address:**

1317 WINEWOOD BLVD.  
BLDG. 1, ROOM 206-B  
TALLAHASSEE, FL 323990700 US

**New Mailing Address:**

**FEI Number:** 51-0508777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIEKALKIEWICZ, ELLEN  
1317 WINEWOOD BLVD  
BLDG. 1, ROOM 206-B  
TALLAHASSEE, FL 323990700 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: P ( ) Delete  
Name: LEWIS, DOROTHY E  
Address: 429 TARRAGONA WAY  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VP ( ) Delete  
Name: GEORGE, JOSEPH P JR.  
Address: 13145 SW 90TH COURT  
City-St-Zip: MIAMI, FL 33176 US

Title: SETR ( ) Delete  
Name: MILLER, DAVID  
Address: 23543 ABERCORN LANE  
City-St-Zip: LAND O'LAKES, FL 34639 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLEN PIEKALKIEWICZ

ED

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date