

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010899

FILED
Jan 05, 2006
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

Title: ED () Delete
Name: PIEKALKIEWICZ, ELLEN
Address: 1317 WINEWOOD BLVD., BLDG 1, ROOM 206-B
City-St-Zip: TALLAHASSEE, FL 323990700

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, DAVID
Address: 23543 ABERCORN LANE
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SETR (X) Change () Addition
Name: RODRIGUEZ, ROCKY
Address: 1700 NE 18TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305 US

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 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: ELLEN PIEKALKIEWICZ

ED

01/05/2006

Electronic Signature of Signing Officer or Director

Date