2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# N04000002921

Entity Name: NORTHEAST FLORIDA COUNCIL ON ALCOHOLISM AND DRUG ABUSE, INC.

Current Principal Place of Business:

6300 BEACH BLVD
ATTN: CARRIE MERKE
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 3674
ST.AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 20-2378412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERCE, THOMAS D
630 BEACH BLVD
JACKSONVILLE, FL 32216 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: KARLOVICH, DAWN
Address: 6120 LAWERENCEVILLE CR. N
City-St-Zip: JACKSOVILLE, FL 32217 US

Title: VP ( ) Delete
Name: SMITH, DANA
Address: 3108 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: S/T ( ) Delete
Name: MERKE, CARRIE
Address: 6300 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32216 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: TDP DIR 07/21/2005

Electronic Signature of Signing Officer or Director — Date