

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002921

FILED
Jan 11, 2012
Secretary of State

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

Current Principal Place of Business:

650 EDGEWOOD AVE WEST
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

650 EDGEWOOD AVE WEST
JACKSONVILLE, FL 32208 US

Current Mailing Address:

P.O.BOX 57787
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-1991012 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STRICKLAND, WALTER
650 EDGEWOOD AVE WEST
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

STRICKLAND, WALTER
650 EDGEWOOD AVE WEST
JACKSONVILLE, FL 32208 US

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:

01/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOREHOUSE, TEDD
Address: 1727 BLANDING BLVD, STE 105
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: V
Name: ROSE, STEPHANEE
Address: 5776 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: T
Name: STRICKLAND, WALTER
Address: 650 EDGEWOOD AVE WEST
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S
Name: LACY, RAINNI
Address: 1854 RIVIERA PKWY, UNIT 1
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D
Name: PIERCE, THOMAS
Address: 6 MILTON ST
City-St-Zip: ST AUGUSTINE, FL 32084 US

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: WALTER STRICKLAND

T

01/11/2012

Electronic Signature of Signing Officer or Director

Date