

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000308

FILED
Jul 10, 2007
Secretary of State

Entity Name: SUBSTANCE ABUSE PREVENTION RESEARCH AND TRAINING CENTER, INC.

Current Principal Place of Business:

1715 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1715 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-2622949 **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:

Name and Address of New Registered Agent:

MCGARRY, NEAL A
1715 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LOFGREN, JONATHAN
Address: 13800 66TH STREET NORTH
City-St-Zip: LARGO, FL 33771

Title: S () Delete
Name: BERRY, RAY T
Address: 1939 TYLOR STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: P () Delete
Name: MCGARRY, NEAL A
Address: 1715 SOUTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

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 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: RAY BERRY

S

07/10/2007

Electronic Signature of Signing Officer or Director

Date