2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000002161

Entity Name: SUBSTANCE ABUSE GERIATRIC EDUCATION SERVICES COALITION, INCORPORATED

Current Principal Place of Business:

555 STOCKTON ST., SUITE 213
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

555 STOCKTON ST., SUITE 213
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 57-1238891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHULMAN, SUSAN J
8658 ROLLINGBROOK LANE
JACKSONVILLE, FL 32256 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: PD ( ) Delete
Name: KJEER, M. ANNETTE
Address: 7551 RICKMAN ST.
City-St-Zip: JACKSONVILLE, FL 32244 0

Title: P ( ) Delete
Name: NEWTON, NANIE
Address: 5644 COLCORD AVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: V ( ) Delete
Name: HACKWORTH, HANNAH
Address: 4250 LAKESIDE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD ( ) Delete
Name: SHULMAN, SUSAN J
Address: 8658 ROLLINGBROOK LANE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/D (X) Change ( ) Addition
Name: KJEER, M. ANNETTE,
Address: 6085 CHECKMATE LANE
City-St-Zip: JACKSONVILLE, FL 32244 0

Title: P/D (X) Change ( ) Addition
Name: HACKWORTH, HANNAH,
Address: 4250 LAKESIDE SRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: V/D (X) Change ( ) Addition
Name: NUCKLES, MEGAN,
Address: 1300 BROAD STREET
City-St-Zip: JACKSONVILLE, FL 32201

Title: S/D (X) Change ( ) Addition
Name: SHULMAN, SUSAN J.,
Address: 8658 ROLLINGBROOK LANE
City-St-Zip: JACKSONVILLE, FL 32256

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: SUSAN J. SHULMAN S/D 04/30/2008

Electronic Signature of Signing Officer or Director — Date