

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011670

FILED  
Feb 02, 2011  
Secretary of State

Entity Name: FLORIDIANS FOR RECOVERY, INC.

## Current Principal Place of Business:

2868 MAHAN DR  
STE 1  
TALLAHASSEE, FL 32308 US

## New Principal Place of Business:

## Current Mailing Address:

2868 MAHAN DR  
STE 1  
TALLAHASSEE, FL 32308 US

## New Mailing Address:

FEI Number: 80-0530418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FONTAINE, MARK P  
2868 MAHAN DR  
STE 1  
TALLAHASSEE, FL 32308 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: C  
Name: COUNES, MICHAEL  
Address: 511 40TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S  
Name: ALFIERI, TINA  
Address: MERIDIAN BEHAV. HEALTHCARE, 4300 SW 13TH S  
City-St-Zip: GAINESVILLE, FL 32608

Title: T  
Name: HAFER, ROBERT  
Address: TRANSITION HOUSEEEE, 3800 5TH ST  
City-St-Zip: ST CLOUD, FL 34769

Title: D  
Name: FONTAINE, MARK  
Address: FADAA, 2868-1 MAHAN DR  
City-St-Zip: TALLAHASSEE, FL 32308

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: MARK FONTAINE

DIR

02/02/2011

Electronic Signature of Signing Officer or Director

Date