

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004019

FILED
Apr 28, 2009
Secretary of State

Entity Name: CENTER FOR ADDICTION, RESEARCH, EDUCATION AND SUPPORT, INC.

Current Principal Place of Business:

375 HERON'S RUN DRIVE
SARASOTA, FL 34232

New Principal Place of Business:

375 HERON'S RUN DRIVE - 901
SARASOTA, FL 34232

Current Mailing Address:

375 HERON'S RUN DRIVE
SARASOTA, FL 34232

New Mailing Address:

375 HERON'S RUN DRIVE - 901
SARASOTA, FL 34232

FEI Number: 26-2561732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, COLLEEN
375 HERON'S RUN DRIVE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

O'CONNELL, COLLEEN
375 HERON'S RUN DRIVE - 901
SARASOTA, FL 34232 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: COLLEEN O'CONNELL

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PASD () Delete
Name: O'CONNELL, COLLEEN
Address: 375 HERON'S RUN DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: VPSD () Delete
Name: CARLSON, RICHARD
Address: 2607 BAY DRIVE
City-St-Zip: BRADENTON, FL 34207

Title: TD () Delete
Name: HARMON, KYLE
Address: 6737 W WASHINGTON STREET, SUITE 3105
City-St-Zip: WEST ALLIS, WI 53214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PASD (X) Change () Addition
Name: O'CONNELL, COLLEEN
Address: 375 HERON'S RUN DRIVE - 901
City-St-Zip: SARASOTA, FL 34232

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: COLLEEN O'CONNELL

MGR

04/28/2009

Electronic Signature of Signing Officer or Director

Date