

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006145

FILED
Apr 28, 2009
Secretary of State

Entity Name: MULTI-CULTURAL ADDICTIONS NETWORK, INC.

Current Principal Place of Business:

1850 LEE RD, STE 309
WINTER PARK, FL 32789

New Principal Place of Business:

1850 LEE RD, STE 309
WINTER PARK, FL 32789 US

Current Mailing Address:

1850 LEE RD, STE 309
WINTER PARK, FL 32789

New Mailing Address:

1850 LEE RD, STE 309
WINTER PARK, FL 32789 US

FEI Number: 38-3787331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, JOHN F PH.D.
5151 TALLOW WOOD COURT
ORLANDO, FL 32808 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: PCEO () Delete
Name: ROBERTSON, JOHN F PH.D.
Address: 5151 TALLOW WOOD COURT
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: JONES, TIMOTHY T MAB
Address: 4816 MIRANDA CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: MUNROE, ALELIA MPH
Address: 3116 QUEENSGATE RD.
City-St-Zip: ORLANDO, FL 32818

Title: AT () Delete
Name: ROBERTSON, SHARON E BA
Address: 5151 TALLOW WOOD COURT
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: ROBERTSON, JOHN F PH.D.
Address: 5151 TALLOW WOOD COURT
City-St-Zip: ORLANDO, FL 32808 US

Title: VP (X) Change () Addition
Name: JONES, TIMOTHY T MAB
Address: 4816 MIRANDA CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

Title: T (X) Change () Addition
Name: MUNROE, ALELIA MPH
Address: 3116 QUEENSGATE RD.
City-St-Zip: ORLANDO, FL 32818 US

Title: AT (X) Change () Addition
Name: ROBERTSON, SHARON E BA
Address: 5151 TALLOW WOOD COURT
City-St-Zip: ORLANDO, FL 32808 US

Title: SEC. () Change (X) Addition
Name: SEARS-TOLBERT, CHARLENE M.A.
Address: 599 BABILONICA DRIVE
City-St-Zip: ORLANDO, FL 32809 US

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: JOHN ROBERTSON

CEO

04/28/2009

Electronic Signature of Signing Officer or Director

Date