2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N08000008482

Entity Name: NORTHEAST FLORIDA COALITION ON RECOVERY, INC.

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
1902
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
1902
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 26-3331966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SUE C
6817 SOUTHPOINT PARKWAY
#1902
JACKSONVILLE, FL 32216 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: P ( ) Delete
Name: TUTTLE, DAVE
Address: 10587 LAKE HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete
Name: STASI, PAUL
Address: 900 W. ADAMS
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC ( ) Delete
Name: URBANI, NIKKI
Address: 751 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32203

Title: TREA ( ) Delete
Name: HALL, PAMELA
Address: 1415 LASALLE STREET
City-St-Zip: JACKSONVILLE, FL 32207

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:

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: DAVE TUTTLE PRES 01/16/2009
Electronic Signature of Signing Officer or Director — Date