

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 02, 2011
Secretary of State

DOCUMENT# N10000001097

Entity Name: PALM BEACH COUNTY SUBSTANCE ABUSE COALITION, INC.**Current Principal Place of Business:**933 45TH STREET
SUITE 118
WEST PALM BEACH, FL 33407**New Principal Place of Business:**2300 HIGH RIDGE RD
SUITE 365
BOYNTON BEACH, FL 33426**Current Mailing Address:**933 45TH STREET
SUITE 118
WEST PALM BEACH, FL 33407**New Mailing Address:**2300 HIGH RIDGE RD
SUITE 365
BOYNTON BEACH, FL 33426**FEI Number:** 80-0501520**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KADEL, JEFF L
933 45TH STREET
WEST PALM BEACH, FL 33407 US**Name and Address of New Registered Agent:**KADEL, JEFF
2300 HIGH RIDGE RD
SUITE 365
BOYNTON BEACH, FL 33426 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: JEFF KADEL

10/02/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** CHAI
Name: WILLIAMS, KIM C
Address: 3330 FOREST HILL BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33406**Title:** VC
Name: GREENE, SHARON
Address: 933 45TH ST
City-St-Zip: WEST PALM BEACH, FL 33407**Title:** SEC
Name: PERRY, KAREN H
Address: 3223 COMMERCE PLACE, SUITE A
City-St-Zip: WEST PALM BEACH, FL 33407**Title:** TREA
Name: PERRY, KARN
Address: 3223 COMMERCE PLACE
City-St-Zip: WEST PALM BEACH, FL 33407

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: JEFF KADEL

PRES

10/02/2011

Electronic Signature of Signing Officer or Director_____
Date