

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008271

FILED
Jan 18, 2011
Secretary of State

Entity Name: SAFE AND SOBER HOUSING ALTERNATIVES, INC.

Current Principal Place of Business:

712 NICOLET AVE #5
WINTER PARK, FL 32879

New Principal Place of Business:

Current Mailing Address:

712 NICOLET AVE #5
WINTER PARK, FL 32879

New Mailing Address:

FEI Number: 27-3428662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, HAROLD J
712 NICOLET AVE #5
WINTER PARK, FL 32879 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: PD
Name: POWERS, HAROLD J
Address: 712 NICOLET AVE #5
City-St-Zip: WINTER PARK, FL 32879

Title: VD
Name: PEMBERTON, ANN
Address: 8205 GILLETTE CT
City-St-Zip: ORLANDO, FL 32836

Title: STD
Name: NOVAK, PATRICIA
Address: 2976 SANTA MARIA AVE
City-St-Zip: CLERMONT, FL 34715

Title: D
Name: BROWN, CHRISTOPHER
Address: 200 ARCHERS POINT
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: AGOSTO, ANTHONY
Address: 215 CYPRESS ST
City-St-Zip: ORLANDO, FL 32824

Title: D
Name: REGENSTREIF, JEFFREY
Address: 5210 SOUTH ORANGE AVE
City-St-Zip: ORLANDO, FL 32809

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: HAROLD JAMES POWERS

PRES

01/18/2011

Electronic Signature of Signing Officer or Director

Date