

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006110

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** STUDENTS AND PARENTS FOR THE EDUCATION OF ADDICTION KINSHIP OF GAINESVILLE INC.

**Current Principal Place of Business:**

1710 NW. 2ND AVE  
APT. 29  
GAINESVILLE, FL 32611 US

**New Principal Place of Business:**

**Current Mailing Address:**

1710 NW. 2ND AVE  
APT. 29  
GAINESVILLE, FL 32611 US

**New Mailing Address:**

**FEI Number:** 45-3001615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRUMAN, NATHAN P  
1710 NW 2ND AVE  
APT. 29  
GAINESVILLE, FL 32611 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: S  
Name: RUPPE, DUSTIN S  
Address: 1105 FORT CLARK BLVD APT. 903  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP  
Name: CLARK, PATRICK D  
Address: 3905 W. SAN MIGUEL ST.  
City-St-Zip: TAMPA, FL 33629 US

Title: T  
Name: MAULDIN, JOSHUA S  
Address: PO BOX 291  
City-St-Zip: MELROSE, FL 32666 US

Title: P  
Name: GRUMAN, NATHAN P  
Address: 1710 NW. 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32611 US

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: NATHAN P GRUMAN

P

04/17/2012

Electronic Signature of Signing Officer or Director

Date