# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12276** **(4)**

1. Corporation Name

**CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS OF FLORIDA, INC.**

Principal Place of Business

~~%RENEE PEACOCK~~ former
839-B EAST PARK AVE Executive
TALLAHASSEE FL 32301 Director

Mailing Address

~~%RENEE PEACOCK~~ former
839-B EAST PARK AVE Executive
TALLAHASSEE FL 32301 Director

3. Date Incorporated or Qualified: 11/26/1985
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business
21: 1715 S. Gadsden St
22: Suite, Apt. #, etc.
23: City & State: Tallahasser, FL
24: Zip: 32301
25: Country: Leon

2a. Mailing Address
26: 1715 S. Gadsden St.
27: Suite, Apt. #, etc.
28: City & State: Tallahassee, F
29: Zip: 32501
30: Country: Leon

4. FEI Number: 59-2622949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCGARRY, NEAL
839-B EAST PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Neal McGarry, (Neal McGarry) Executive Director 3/5/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P D<br>MICHAEL, STEPHEN<br>225 WATER ST P O BOX 2080 FL0670 N/A<br>JACKSONVILLE FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President<br>Richard Anderson<br>4400 SW 13th St.<br>Gainesville, FL 32608-4099 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P D<br>CHESTER, BELL W<br>120 MICHIGAN AVE<br>DAYTONA BEACH FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Secretary<br>Kay Doughty<br>801 Coulter Place<br>Brandon, FL 33511 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAIN, DEBORAH A<br>1750 17TH ST - BLDG C<br>SARASOTA FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NERI, ROBERT<br>13800 66TH ST NORTH<br>LARGO FL | ☑ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | 000001753778<br>03/22/96--01013--018<br>***61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FRANCISCO, FRANK<br>P O BOX 809 N/A<br>INTERCESSION CITY FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MCARDLE, JAN<br>501 NORTH ORANGE / STE 300<br>ORLANDO FL | ☑ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | M-M<br>3-21-96 | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** K Mc Secretary 1/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)