

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21213

FILED
Mar 30, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF DUI PROGRAMS, INC.

Current Principal Place of Business:

1725 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1725 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2963837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, LAURA
1725 MAHAN DR
TALLAHASSEE, FL 32308 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: HOLLEY, SUE
Address: 1725 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: TD
Name: REINCKE, BARBARA
Address: 225 NE 14TH STREET
City-St-Zip: OCALA, FL 34470 US

Title: SD
Name: JUSTICE, HELEN
Address: P. O. BOX 151351
City-St-Zip: TAMPA, FL 33684 US

Title: VD
Name: JOWELL, KIMBERY
Address: 1145 CT ST
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: MCLEOD, LAURA
Address: 1725 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: LAURA MCLEOD

D

03/30/2010

Electronic Signature of Signing Officer or Director

Date