

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25403

FILED
Jan 04, 2007
Secretary of State

Entity Name: FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC.

Current Principal Place of Business:

901 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

901 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-2968614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHE, PAUL R.
901 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS, FL 32714 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: DP () Delete
Name: ASHE, PAUL R.,
Address: 249 SPRINGSIDE RD.
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: MINNIX, ROBERT
Address: PO BOX DRAWER 2195
City-St-Zip: TALLAHASSEE, FL 32316

Title: DV () Delete
Name: TALLEY, TOM
Address: 1361 SNELL ISLE BLVD. NE #10
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: CUADRADO, MARY PHD
Address: 8053 ESTATES DR.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: FONTANA, JOHN
Address: 5223 N. ORIENT RD
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KRUEDELBACH, NORMAN
Address: 8614 YUKON CT.
City-St-Zip: ST. JAMES CITY, FL 33956

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SASNETT-STAUFFER, GAIL
Address: BOX 11761
City-St-Zip: GAINESVILLE, FL 32611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL R. ASHE

DP

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date