2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25403

FILED Jan 06, 2010 Secretary of State

Entity Name: FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC.

Current Principal Place of Business: New Principal Place of Business:

901 DOUGLAS AVENUE

SUITE 200

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

901 DOUGLAS AVENUE

SUITE 200

ALTAMONTE SPRINGS, FL 32714 US

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

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

ASHE, PAUL R. 901 DOUGLAS AVENUE SUITE 200

ALTAMONTE SPRINGS, FL 32714 US

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

Name: ASHE, PAUL R.
Address: 249 SPRINGSIDE RD.
City-St-Zip: LONGWOOD, FL

Title:

Name: PIETKIEWICZ, JIMMY
Address: 1315 N. NEW YORK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: DV

Name: TALLEY, TOM

Address: 1361 SNELL ISLE BLVD. NE #10 City-St-Zip: SAINT PETERSBURG, FL 33704

Title:

Name: WEINSTEIN, SCOTT

Address: 2601 EAST OAKLAND PARK BLVD, STE 203

City-St-Zip: FT. LAUDERDALE, FL 33308

Title:

Name: FONTANA, JOHN
Address: 5223 N. ORIENT RD
City-St-Zip: TAMPA, FL 33610

Title:

Name: SASNETT-STAUFFER, GAIL

Address: BOX 11761

City-St-Zip: GAINESVILLE, FL 32611

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: PAUL R. ASHE DP 01/06/2010