

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25403

**FILED**  
**Jan 05, 2011**  
**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  
**Name:** ASHE, PAUL R.  
**Address:** 249 SPRINGSIDE RD.  
**City-St-Zip:** LONGWOOD, FL

**Title:** D  
**Name:** ROSINEK, JEFFREY  
**Address:** 535 BIRD ROAD  
**City-St-Zip:** CORAL GABLES, FL 32656

**Title:** D  
**Name:** WEINSTEIN, SCOTT  
**Address:** 2601 EAST OAKLAND PARK BLVD, STE 203  
**City-St-Zip:** FT. LAUDERDALE, FL 33308

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

**Title:** D  
**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

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date