2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# N25403

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 01/06/2012

Electronic Signature of Signing Officer or Director Date