

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N46471** (1)

1. Corporation Name

**FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3121 BRANDYWINE DRIVE  
TALLAHASSEE FL 32312**

**3121 BRANDYWINE DRIVE  
TALLAHASSEE FL 32312-3201**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/16/1991</b>	3a. Date of Last Report <b>08/13/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RABAUT, CHARLES P  
3121 BRANDYWINE DRIVE  
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REED, PATRICIA</b>	1.2 NAME	
STREET ADDRESS	<b>2225 COLUMBIA BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYERS, GEORGE F</b>	2.2 NAME	
STREET ADDRESS	<b>123 OJIBWAY AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVERNIER FL 33070</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, MARCIA W</b>	3.2 NAME	
STREET ADDRESS	<b>6908 STONES THROW CIR N.10201</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTZ, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>4228 PLACID DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marcia W. Jackson* 3-14-97 (813) 347-3476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006395

CR2E037 (9/96)