SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46471

(1)

FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASS

OCIATION, INC.					
Principal Place of Business	Mailing Address			- 4 186(1)001 01(01010 01111 01011 91000 1101 01011 01011 01011 01011 01011 01011	1000
21 BRANDYWINE DRIVE 3121 BRANDYWINE DRIVE ILLAHASSEE FL 32312 TALLAHASSEE FL 32312			Date Incorporated or Qualified 12/16/1991		
				4. FEI Number NOT APPLICABLE Not App	
Principal Place of Business The Principal Place of Business	e of Business 2a. Malling Address 25			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sulte, Apt. #, etc.	st. #, etc. Suite, Apt. #, etc.			6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State City & State			7. Is this nonprofit corporation a homeowners association?		
23	28			Yes No	
Zip Country 25	Zip 29	Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	е
	Current Registered Agent		·····	10. Name and Address of New Registered Agent	
		81	Name		
RABAUT, CHARLES P		82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
3121 Brandywne drive Tallahassee Fl 32312		83			
IALLANASSEE PL 32312					
		84	City	FL 85 Zip Code	
11. Pursuant to the provisions of sections 61 office or registered agent, or both, in the agent. I am familiar with, and accept the	e State of Florida. Such change was a	authorized by the	amed corporation	ion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered	1
SIGNATURE					
Signature, typed or printed name of regit		NOTE: Registered Ac	gent signatura requir		
12. OFFIC	ERS AND DIRECTORS	13. 1.1 TITLE	170	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	-
NAME REED, PATRICIA	DELETE	1.2 NAME	1.7.7	lener II Andrew J Change 12	Addition
STREET ADDRESS 2225 COLUMBIA BLVD		LIE INVALIE			
CITY-ST-ZIP TITUSVILLE FL		13 STREET	ADDRESS 32		
TITLE DS		1.3 STREET		38 140th ave N Unit A	
	DELETE	1.3 STREET 1.4 CITY-ST 2.1 TITLE		rgo Fl 33771	
NAME STEARN, PETER	(X) DELETE	1.4 CITY-ST	-ZIP LA	rgo FI 33>71 WOIF Wendy Change Of	Addition
STREET ADDRESS 224 MELVILLE AVE #2	DELETE	1.4 CITY-ST 2.1 TITLE	PC	rgo FI 33771 WOIF Wendy Change Off O. 130x 273 N/A	
STREET ADDRESS 224 MELVILLE AVE #2 CITY-ST-ZIP TAMPA FL		1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	ADDRESS G	rgo FI 33>71 Wolf Wendx Change Oxi O. 130x 273 N/A rand:n RI 32138	Addition
STREET ADDRESS 224 MELVILLE AVE #2 CITY-ST-2IP TAMPA FL TITLE PD	DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS G	rgo FI 33>71 Wolf Wendx Change Oxi O. 130x 273 N/A rand:n RI 32138	
STREET ADDRESS 224 MELVILLE AVE #2 CITY-ST-2IP TAMPA FL TITLE PD NAME JACKSON, MARCIA W	DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS TIP	rgo F1 33>71 Wolf Wendx Change Chang	Addition
STREET ADDRESS 224 MELVILLE AVE #2 CITY-ST-ZIP TAMPA FL TITLE PD NAME JACKSON, MARCIA W STREET ADDRESS 8908 STONES THROW C	DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS ADDRESS ADDRESS	Tandin RI 32138 Change Drivill Robert 231d Street	Addition Addition
STREET ADDRESS 224 MELVILLE AVE #2 CITY-ST-ZIP TAMPA FL TITLE PD NAME JACKSON, MARCIA W STREET ADDRESS B908 STONES THROW C CITY-ST-ZIP ST PETERSBURG FL 337	DELETE SIR N.10201 10	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS ADDRESS ADDRESS	Tandin RI 32138 Change IN Chang	Addition Addition
STREET ADDRESS 224 MELVILLE AVE #2 CITY-ST-ZIP TAMPA FL TITLE PD NAME JACKSON, MARCIA W STREET ADDRESS 6908 STONES THROW C CITY-ST-ZIP ST PETERSBURG FL 337 TITLE ND	DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST	ADDRESS ADDRESS ADDRESS	Tandin RI 32138 Change IN Chang	Addition Addition
STREET ADDRESS 224 MELVILLE AVE #2 CITY-ST-ZIP TAMPA FL TITLE PD NAME JACKSON, MARCIA W STREET ADDRESS 8908 STONES THROW C CITY-ST-ZIP ST PETERSBURG FL 337 TITLE VD NAME BUTZ, WILLIAM STREET ADDRESS 4228 PLACID DR	DELETE SIR N.10201 10	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE	ADDRESS ADDRESS ADDRESS -ZIP	Tandin RI 32138 Change IN Chang	Addition Addition
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STREET ADDRESS 224 MELVILLE AVE #2 CITY-ST-2IP TAMPA FL TITLE NAME JACKSON, MARCIA W STREET ADDRESS SPÓS STONES THROW C CITY-ST-ZIP ST PETERSBURG FL 337 TITLE NAME BUTZ, WILLIAM STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 TITLE NAME	DELETE IR N.10201 10 DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS ADDRESS ADDRESS -ZIP ADDRESS -ZIP	Tandin Rissid Street Change Distriction	Addition Addition
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), Fiorida 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

IGNATURE AND TYPED OR PRINTED TABLE OF GIONING OFFICER OR DIRECTOR

7/27/98

Davime Phone #

FILED

Aug 11 1998 8:00am

Secretary of State