

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).

FILED  
Aug 11 1998 8:00am  
Secretary of State



<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N46471 (1)</b>			
1. Corporation Name <b>FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASSOCIATION, INC.</b>			
Principal Place of Business <b>3121 BRANDYWINE DRIVE TALLAHASSEE FL 32312</b>		Mailing Address <b>3121 BRANDYWINE DRIVE TALLAHASSEE FL 32312</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent <b>RABAUT, CHARLES P 3121 BRANDYWINE DRIVE TALLAHASSEE FL 32312</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 _____ (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> <input checked="" type="checkbox"/> DELETE NAME <b>REED, PATRICIA</b> STREET ADDRESS <b>2225 COLUMBIA BLVD</b> CITY-ST-ZIP <b>TITUSVILLE FL</b>		1.1 TITLE <b>TO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Wagner II, Andrew J</b> 1.3 STREET ADDRESS <b>3759 140th Ave N Unit A</b> 1.4 CITY-ST-ZIP <b>Largo FL 33771</b>	
TITLE <b>DS</b> <input checked="" type="checkbox"/> DELETE NAME <b>STERN, PETER</b> STREET ADDRESS <b>224 MELVILLE AVE #2</b> CITY-ST-ZIP <b>TAMPA FL</b>		2.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Wolf, Wendy</b> 2.3 STREET ADDRESS <b>P.O. Box 273 N/A</b> 2.4 CITY-ST-ZIP <b>Grandin RI 02838</b>	
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE NAME <b>JACKSON, MARCIA W</b> STREET ADDRESS <b>8908 STONES THROW CIR N.10201</b> CITY-ST-ZIP <b>ST PETERSBURG FL 33710</b>		3.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>Springill, Robert</b> 3.3 STREET ADDRESS <b>2255 - 4 West 28th Street</b> 3.4 CITY-ST-ZIP <b>Jacksonville FL 32209</b>	
TITLE <b>VD</b> <input checked="" type="checkbox"/> DELETE NAME <b>BUTZ, WILLIAM</b> STREET ADDRESS <b>4228 PLACID DR</b> CITY-ST-ZIP <b>SARASOTA FL 34243</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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: *Andrew J. Wagner II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/98 813-547-4507

CR2E037 (5/98)