2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N46471

Entity Name: FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

5701 89TH AVE NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

5701 89TH AVE NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOK, MATTHEW E
5701 89TH AVENUE NORTH
PINELLAS PARK, FL 33782

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:	TD	( ) Delete
Name:	WILSON, MICHELLE	
Address:	1401 DUNCAN LOOP NORTH, #301	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	VD	( ) Delete
Name:	DEMING, MEREDITH	
Address:	304 S. HABANA AVENUE	
City-St-Zip:	TAMPA, FL 33609	
Title:	PD	( ) Delete
Name:	COOK, MATTHEW	
Address:	7016 52ND WAY	
City-St-Zip:	PINELLAS PARK, FL 33782	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	TD	(X) Change ( ) Addition
Name:	DOYLE-JONES, ANNE	
Address:	8940 90TH TERRACE N.	
City-St-Zip:	LARGO, FL 33777	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	COOK, MATTHEW E	
Address:	7016 52ND WAY	
City-St-Zip:	PINELLAS PARK, FL 33782	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MATTHEW E. COOK PD 04/27/2004
Electronic Signature of Signing Officer or Director — Date