2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3035096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765 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: PD ( ) Delete
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: VPD (X) Delete
Name: HUNT, WARREN C
Address: 813 OXFORD DRIVE
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALDERMAN, CHERYL A
Address: 1402 W. VIRGINIA LANE
City-St-Zip: CLEARWATER, FL 33759

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHERYL A. ALDERMAN PD 02/13/2009

Electronic Signature of Signing Officer or Director — Date