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Secretary of State

06-25-1999 90010 033 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006569 ✓ 1. Corporation Name FLORIDA/NATIONAL ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS, INC.			
Principal Place of Business P.O. BOX 6859 TALLAHASSEE FL 32314-6859		Mailing Address P.O. BOX 6859 TALLAHASSEE FL 32314-6859	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	11/13/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3538553	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPREITZER, LYNDIA 710 NW 92ND AVENUE PEMBROKE PINES FL 33024		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		12 March, 1999	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President (D) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Lynda Spreitzer, CAP, ICADC	1.2 NAME	
STREET ADDRESS	710 NW 92nd Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33024	1.4 CITY-ST-ZIP	
TITLE	President-Elect (D) <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Bernard Anderson, MA, NCAC, ICADC	2.2 NAME	
STREET ADDRESS	532 Hart Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	2.4 CITY-ST-ZIP	
TITLE	Treasurer (D) <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	John B. Sugg, CAP, CEAP	3.2 NAME	
STREET ADDRESS	9660 NW 39th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cooper City, FL 33024	3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Lynn E. Carney, CAP, ICADC	4.2 NAME	
STREET ADDRESS	18 Weyanoke Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Coast, FL 32164	4.4 CITY-ST-ZIP	
TITLE	Immediate Past President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Don Loker, CAP, NCAC II	5.2 NAME	
STREET ADDRESS	7314 Mauna Loa Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34241	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernard Anderson* 12 March, 1999 (850) 21914
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Bernard Anderson, President-Elect