

DOCUMENT # N99000007167

1. Entity Name
THE NORTHWEST FLORIDA COUNCIL ON ALCOHOL & DRUG

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90028 032 ****61.25

Principal Place of Business
151 MARY ESTER BOULEVARD
SUITE 102B
MARY ESTHER FL 32564

Mailing Address
151 MARY ESTER BOULEVARD
SUITE 102B
MARY ESTHER FL 32564



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3612387
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DONNELLY, LEO J JR.
151 MARY ESTHER BLVD
STE 102B
MARY ESTHER FL 32564

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code 32569

8. 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.
(Zip code only) ↑
SIGNATURE: [Signature] President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 5 Jan 01

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS
TITLE PD ☐ Delete
NAME DONNELLY, LEO J JR.
STREET ADDRESS 151 MARY ESTER BOULEVARD SUITE 102B
CITY-ST-ZIP MARY ESTHER FL 32564
TITLE VD ☐ Delete
NAME DENCER, LARRY
STREET ADDRESS 151 MARY ESTER BOULEVARD SUITE 102B
CITY-ST-ZIP MARY ESTHER FL 32564
TITLE STD ☐ Delete
NAME HOLLIDAY, MICHAEL
STREET ADDRESS 151 MARY ESTER BOULEVARD SUITE 102B
CITY-ST-ZIP MARY ESTHER FL 32564
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 32569
CITY-ST-ZIP
TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 32569
CITY-ST-ZIP
TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 32569
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.
SIGNATURE: [Signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 5 Jan 01 Daytime Phone # 850-243-

CR2E037 (10/00)

Attachment
#N 99000007167
D0002519

I made A mistake
on the Zip Code
on original
submission =

R. 