

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007167

FILED
Jan 09, 2004
Secretary of State**Entity Name:** THE NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**348 MIRACLE STRIP PKWY
SUITE 8A
FORT WALTON BEACH, FL 32548**New Principal Place of Business:****Current Mailing Address:**348 MIRACLE STRIP PKWY
SUITE 8A
FORT WALTON BEACH, FL 32548**New Mailing Address:****FEI Number:** 59-3612387**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DONNELLY, LEO J JR.
348 MIRACLE STRIP PKWY
SUITE 8A
FT WALTON BEACH, FL 32548 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: DONNELLY, LEO J JR.
Address: 348 MIRACLE STRIP PKWY SUITE 8A
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** VD () Delete
Name: DENCER, LARRY
Address: 348 MIRACLE STRIP PKWY SUITE 8A
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** STD () Delete
Name: HOLIDAY, MICHELE
Address: 348 MIRACLE STRIP PKWY SUITE 8A
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ED (X) Change () Addition
Name: DONNELLY, LEO J JR.
Address: 348 MIRACLE STRIP PKWY SUITE 8A
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** BOD (X) Change () Addition
Name: SAPP, STEPHEN
Address: 348 MIRACLE STRIP PKWY SUITE 8A
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** BOD () Change (X) Addition
Name: SEEGER, KIM
Address: 348 MIRACLE STRIP PARKWAY SUITE 8A
City-St-Zip: FORT WALTON BEACH, FL 32548

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: LEO J. DONNELLY JR.

ED

01/09/2004

Electronic Signature of Signing Officer or Director_____
Date