2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007167

FILED Jan 05, 2005 Secretary of State

Entity Name: THE NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF NORTHWEST FLORIDA, INC.

ırrent P	Principal Place of Business:	New Principal Place of Business:
	CLE STRIP PKWY	
JITE 8A ORT WA	ALTON BEACH, FL 32548	
ırrent N	Mailing Address:	New Mailing Address:
	CLE STRIP PKWY	
JITE 8A ORT WA	ALTON BEACH, FL 32548	
Number	: 59-3612387 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
me and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	LY, LEO J JR. CLE STRIP PKWY	
	ON BEACH, FL 32548 US	
e above :he Stat	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or bo
SNATU		
	Electronic Signature of Registered A	Agent Date
FICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
e: ne: lress: /-St-Zip:	ED () Delete DONNELLY, LEO J JR. 348 MIRACLE STRIP PKWY SUITE 8A FORT WALTON BEACH, FL 32548	Title: () Change () Addition Name: Address: City-St-Zip:
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e: ne: lress: <i>ı</i> -St-Zip:	VD () Delete DENCER, LARRY 348 MIRACLE STRIP PKWY SUITE 8A FORT WALTON BEACH, FL 32548	Title: BOD (X) Change () Addition Name: DENCER, LARRY Address: 348 MIRACLE STRIP PKWY SUITE 8A City-St-Zip: FORT WALTON BEACH, FL 32548
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ne: iress: r-St-Zip: e: ne: iress:	DENCER, LARRY 348 MIRACLE STRIP PKWY SUITE 8A FORT WALTON BEACH, FL 32548 BOD () Delete SAPP, STEPHEN 348 MIRACLE STRIP PKWY SUITE 8A	Name: DENCER, LARRY Address: 348 MIRACLE STRIP PKWY SUITE 8A City-St-Zip: FORT WALTON BEACH, FL 32548 Title: () Change () Addition Name: Address:
ne: ress: -St-Zip: e: ne: ress: -St-Zip: e: ne: ress:	DENCER, LARRY 348 MIRACLE STRIP PKWY SUITE 8A FORT WALTON BEACH, FL 32548 BOD () Delete SAPP, STEPHEN 348 MIRACLE STRIP PKWY SUITE 8A FORT WALTON BEACH, FL 32548 BOD () Delete SEEBER, KIM 348 MIRACLE STRIP PARKWAY SUITE 8A	Name: DENCER, LARRY Address: 348 MIRACLE STRIP PKWY SUITE 8A City-St-Zip: FORT WALTON BEACH, FL 32548 Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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 01/05/2005