2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# N99000007167

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:	ED	( ) Delete
Name:	DONNELLY, LEO J JR.	
Address:	348 MIRACLE STRIP PKWY SUITE 8A	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	BOD	( ) Delete
Name:	DENCER, LARRY	
Address:	348 MIRACLE STRIP PKWY SUITE 8A	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	BOD	( ) Delete
Name:	SAPP, STEPHEN	
Address:	348 MIRACLE STRIP PKWY SUITE 8A	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	BOD	( ) Delete
Name:	SEEBER, KIM	
Address:	348 MIRACLE STRIP PARKWAY SUITE 8A	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	BOD	( ) Delete
Name:	HEADY, ANITA	
Address:	348 MIRACLE STRIP PARKWAY SUITE 8A	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	BOD	( ) Delete
Name:	DAVIS, WADELL	
Address:	348 MIRACLE STRIP PARKWAY	
City-St-Zip:	FORT WALTON BEACH, FL 32548	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LEO J. DONNELLY JR. ED 01/17/2006

Electronic Signature of Signing Officer or Director — Date