

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007167

FILED  
Jan 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

339 RACETRACK RD  
SUITE 7  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

339 RACETRACK RD  
SUITE 7  
FORT WALTON BEACH, FL 32547

**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.  
339 RACETRACK RD  
SUITE 7  
FT WALTON BEACH, FL 32547 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: 339 RACETRACK RD SUITE 7  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: BOD ( ) Delete  
Name: JURKOWICH, KAREN  
Address: 339 RACETRACK RD SUITE 7  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: BOD ( ) Delete  
Name: PITTS, JENNA  
Address: 339 RACETRACK RD SUITE 7  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: BOD ( ) Delete  
Name: PELTIER, MEG  
Address: 339 RACETRACK RD SUITE 7  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: BOD ( ) Delete  
Name: VALENTINO, GENE  
Address: 339 RACETRACK RD SUITE 7  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: BOD ( ) Delete  
Name: WILLIAMS, IRV  
Address: 339 RACETRACK RD SUITE 7  
City-St-Zip: FORT WALTON BEACH, FL 32547

**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 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

01/21/2009

Electronic Signature of Signing Officer or Director

Date