

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007167

FILED
Jan 05, 2011
Secretary of State

Entity Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

8738 ORTEGA PARK DR.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

339 RACETRACK ROAD #7
FT. WALTON BEACH, FL 32547

New Mailing Address:

8738 ORTEGA PARK DR.
NAVARRE, FL 32566

FEI Number: 59-3612387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORVATH, DANIEL
8738 ORTEGA PARK DR.
NAVARRE, FL 32566 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
Name: HORVATH, DANIEL R
Address: 8738 ORTEGA PARK DR.
City-St-Zip: NAVARRE, FL 32566

Title: BOD
Name: BRUPBACHER, ALICE
Address: 8738 ORTEGA PARK DR.
City-St-Zip: NAVARRE, FL 32566

Title: BOD
Name: COLLINS, DAVID
Address: 8738 ORTEGA PARK DR
City-St-Zip: NAVARRE, FL 32566

Title: BOD
Name: DYE, RICK
Address: 8738 ORTEGA PARK DR
City-St-Zip: NAVARRE, FL 32566

Title: BOD
Name: CECIL, SANDRA
Address: 8738 ORTEGA PARK DR
City-St-Zip: NAVARRE, FL 32566

I hereby 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 all other like empowered.

SIGNATURE: DANIEL R. HORVATH

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date