FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -6 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762052 (9)

1. Corporation Name
FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.

Principal Place of Business	Mailing Address
2469 CHENEY HIGHWAY P.O. BOX 5947 TITUSVILLE FL 32783-5947	2469 CHENEY HIGHWAY P.O. BOX 5947 TITUSVILLE FL 32783-5947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1982
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2289161 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RABAUT, CHARLES P., JR.
1317 WINEWOOD BLVD
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	RABAUT JR., CHARLES P.	1.2 NAME		
STREET ADDRESS	3121 BRANDYWINE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	~~DV~~	2.1 TITLE	President	☑ Change ☐ Addition
NAME	HOLLEY, JOEL J	2.2 NAME		
STREET ADDRESS	1725 ART MUSEUM DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	~~DP~~	3.1 TITLE	Director Past President	☑ Change ☐ Addition
NAME	JOHANNSSON, STEFFAN	3.2 NAME		
STREET ADDRESS	400 MAITLAND AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SP FL	3.4 CITY-ST-ZIP		
TITLE	~~TD~~	4.1 TITLE	DV	☑ Change ☐ Addition
NAME	SALERNO, LOUIS J	4.2 NAME		
STREET ADDRESS	563 99 AVE N #101	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	DS	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, BOBBIE	5.2 NAME		
STREET ADDRESS	P. O. BOX 27 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	DT	☐ Change ☑ Addition
NAME		6.2 NAME	Tim Plant	
STREET ADDRESS		6.3 STREET ADDRESS	5200 E NW 4th Ave	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	West Palm Beach FL 33407	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tim Plant 1-27-95 (407) 842-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032706