

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762052

FILED
Jun 24, 2004
Secretary of State**Entity Name:** FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.**Current Principal Place of Business:**1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE, FL 32207 US**New Principal Place of Business:****Current Mailing Address:**1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE, FL 32207 US**New Mailing Address:****FEI Number:** 59-2289161 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HOLLEY, JOEL R JR.
1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE, FL 32207 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:** PP () Delete
Name: DAVILA, RICHARD
Address: 110 EAST OAK DRIVE
City-St-Zip: TAMPA, FL 33602**Title:** PD () Delete
Name: HOLLEY, JOEL R JR.
Address: 1725 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207**Title:** SD () Delete
Name: JACKSON, MARCIA
Address: 6908 STONES THROW, #10201
City-St-Zip: SAINT PETERSBURG, FL 33710**Title:** PE () Delete
Name: MCLEON, CAROL
Address: 6720 54TH AVE N
City-St-Zip: ST PETERSBURG, FL 33709**Title:** T () Delete
Name: DICKERSON, PAUL
Address: 1000 BROWARD ROAD, #202
City-St-Zip: JACKSONVILLE, FL 32218**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: MCLEAN, CARALI
Address: 6720 54TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709**Title:** PP (X) Change () Addition
Name: HOLLEY, CAROLYN S
Address: 1725 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207**Title:** SD (X) Change () Addition
Name: MILLER, TUNNIE
Address: 3141 EAST BUSINESS 98
City-St-Zip: PANAMA CITY, FL 32401**Title:** PE (X) Change () Addition
Name: DIAZ, PHIL
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204**Title:** T (X) Change () Addition
Name: REINCKE, BARBARA
Address: 2225 N.E. 14TH STREET
City-St-Zip: OCALA, FL 34470

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: CAROLYN S HOLLEY

PP

06/24/2004

Electronic Signature of Signing Officer or Director

Date