

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762052

FILED
Apr 20, 2006
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: 59-2195347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: MCLEAN, CARALI
Address: 6720 54TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: PP () Delete
Name: HOLLEY, CAROLYN S
Address: 1725 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: MILLER, TUNNIE
Address: 3141 EAST BUSINESS 98
City-St-Zip: PANAMA CITY, FL 32401

Title: P () Delete
Name: DIAZ, PHIL
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: T () Delete
Name: REINCKE, BARBARA
Address: 2225 N.E. 14TH STREET
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: DIAZ, PHILIP
Address: 8581 SARATOGA INLET DRIVE
City-St-Zip: ORLANDO, FL 32829

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

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

Title: P (X) Change () Addition
Name: PIPER, ROBERT L
Address: 468 PARKVIEW DRIVE
City-St-Zip: SARASOTA, FL 34243

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: CAROLYN S. HOLLEY

PP

04/20/2006

Electronic Signature of Signing Officer or Director

Date