

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762052

FILED  
Jun 23, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HOLLEY, JOEL R JR.  
1725 ART MUSEUM DRIVE  
FSAS DEPARTMENT  
JACKSONVILLE, FL 32207 US

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: P ( ) Delete  
Name: REINCKE, BARBARA  
Address: 2225 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

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

Title: PP ( ) Delete  
Name: ROBERTS, MARIA  
Address: 650 16TH ST NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T ( ) Delete  
Name: HOLLEY, JOEL JR  
Address: 1725 ART MUSEUM DR  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete  
Name: MCLEAN, CARALI  
Address: 719 US HWY 301 S  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MILLER, TUNNIE MRS  
Address: 4000 E. THIRD STREET  
City-St-Zip: PANAMA CITY, FL 32404

Title: VP (X) Change ( ) Addition  
Name: BLOUNT, WILLIAM R DR  
Address: 7209 HAMMETT ROAD  
City-St-Zip: TAMPA, FL 33647-120

Title: PP (X) Change ( ) Addition  
Name: REINCKE, BARBARA L MRS  
Address: 225 N.E. 14TH STREET  
City-St-Zip: OCALA, FL 34470

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: JOEL R HOLLEY JR

TREA

06/23/2009

Electronic Signature of Signing Officer or Director

Date