2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2024
Secretary of State
2601545480CC

DOCUMENT# 758791

Entity Name: FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.

Current Principal Place of Business:

316 E. PARK AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

316 E. PARK AVE
TALLAHASSEE, FL 32301 US

FEI Number: 59-2230587

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN-WOOFTER, MELANIE
316 E. PARK AVE
TALLAHASSEE, FL 32301 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: MELANIE BROWN-WOOFTER 02/16/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PAST CHAIR
Name	HANKEY, BABETTE
Address	ASPIRE HEALTH PARTNERS 5151 ADANSON ST. 2ND FLOOR
City-State-Zip:	ORLANDO FL 32853

Title	DIRECTOR
Name	SCRIVNER, LEASHIA
Address	CDAC 3804 NORTH 9TH AVE.
City-State-Zip:	PENSACOLA FL 32503

Title	CHAIRMAN
Name	CARRODEGUAS, VINCE
Address	BANYAN HEALTH SYSTEMS 6100 BLUE LAGOON DRIVE, SUITE 400
City-State-Zip:	MIAMI FL 33126

Title	SECRETARY
Name	RIHN, BOB
Address	TRI COUNTY HUMAN SERVICES 1815 CRYSTAL LAKE DRIVE
City-State-Zip:	LAKELAND FL 33801

Title	PRESIDENT
Name	BROWN-WOOFTER, MELANIE
Address	316 E. PARK AVE.
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	TOTO, IRENE
Address	CLAY BEHAVIORAL HEALTH CENTER 3292 COUNTY RD 220
City-State-Zip:	MIDDLEBURG FL 32068

Title	DIRECTOR
Name	DURRANCE, LINDA
Address	THE HENRY AND RILLA WHITE FOUNDATION 2833 REMINGTON GREEN CIR
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	SMYTH, GARRY
Address	FIFTH STREET COUNSELING CENTER IV 4121 NW 5TH STREET
City-State-Zip:	PLANTATION FL 33317

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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: MELANIE BROWN-WOOFTER PRESIDENT 02/16/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BELLO, CHERYL
Address	STEPS, INC. 1033 N. PINE HILLS ROAD SUITE 300
City-State-Zip:	ORLANDO FL 32808

Title	DIRECTOR
Name	WYATT-SWEETINGS, MICHELE
Address	NEW HORIZONS MENTAL HEALTH CENTER 1469 NW 36TH STREET
City-State-Zip:	MIAMI FL 33142

Title	DIRECTOR
Name	BROOKS, PJ
Address	COMMUNITY ASSISTED AND SUPPORTED LIVING 2911 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34237

Title	TREASURER
Name	PIERRE, JEAN
Address	COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH ST.
City-State-Zip:	MIAMI FL 33190