

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762052

Entity Name: FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.**Current Principal Place of Business:**160 W. CAMINO REAL #241
FSAS DEPARTMENT
BOCA RATON, FL 33432**Current Mailing Address:**160 W. CAMINO REAL #241
FSAS DEPARTMENT
BOCA RATON, FL 33432 US**FEI Number:** 59-2195347**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLEY, JOEL RJR.
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**Officer/Director Detail :**

Title	P
Name	HOLLEY, C. SU
Address	1725 ART MUSEUM DRIVE FSAS DEPARTMENT
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	MCLEAN, CARALI
Address	3839 WEST KENNEDY BLVD. SUITE ONE
City-State-Zip:	TAMPA FL 33609

Title	PP
Name	BRITT-BERRY, ANNIE
Address	2127 PAT THOMAS PARKWAY
City-State-Zip:	QUINCY FL 32351

Title	T
Name	REINCKE, BARBARA
Address	225 N.E. 14TH STREET
City-State-Zip:	OCALA FL 34470

Title	SD
Name	JACKSON, MARCIA
Address	1735 DR. MARTIN LUTHER KING JR. STREET S.
City-State-Zip:	ST. PETERSBURG FL 33705

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: C. SUE HOLLEY**PRESIDENT****01/14/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date