**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 16, 2022**
**Secretary of State**
**3804602680CC**

DOCUMENT# N06000011670

**Entity Name:** FLORIDIANS FOR RECOVERY, 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: 80-0530418**

**Certificate of Status Desired:** No

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

FONTAINE, MARK
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: MARK FONTAINE 02/16/2022

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | FONTAINE, MARK |
| Address | 316 E. PARK AVE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | TANNEBAUM, RON |
| Address | IN THE ROOMS<br>9520 NW 13TH STREET |
| City-State-Zip: | PLANTATION FL 33332 |

| | |
|---|---|
| Title | SECRETARY |
| Name | BARKLEY, SARA |
| Address | FELLOWSHIP FOUNDATION<br>5400 WEST ATLANTIC BLVD |
| City-State-Zip: | MARGATE FL 33063 |

| | |
|---|---|
| Title | TREASURER |
| Name | HULICK, JOHN |
| Address | 810 DATURA STREET |
| City-State-Zip: | WEST PALM BEACH FL 33401 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BAND, TYLER |
| Address | 837 ENTRADA DRIVE NORTH |
| City-State-Zip: | FT. MYERS FL 32919 |

| | |
|---|---|
| Title | VC |
| Name | ATKINSON, WILLIAM |
| Address | RECOVERY EPICENTER<br>1270 ROGERS STREET |
| City-State-Zip: | CLEARWATER FL 33756 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DMITROVIC, JOE |
| Address | RASE RECOVERY<br>201 HILDA STREET SUITE 22 |
| City-State-Zip: | KISSIMMEE FL 34741 |

| | |
|---|---|
| Title | CHAIRPERSON |
| Name | NYAMORA, SUSAN |
| Address | SOUTH FLORIDA WELLNESS CENTER<br>2901 W. CYPRESS CREEK ROAD |
| City-State-Zip: | FORT LAUDERDALE FL 33309 |

**Continues on page 2**

*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: MARK FONTAINE DIRECTOR 02/16/2022

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | DIRECTOR |
| Name | RICARDI, RICK |
| Address | FELLOWSHIP FOUNDATION<br>5400 WEST ATLANTIC BLVD |
| City-State-Zip: | MARGATE FL 33063 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HOLDEN, DENISE |
| Address | RASE PROJECT<br>1600 SARNO RD |
| City-State-Zip: | MELBOURNE FL 32935 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MARGOLES, GEORGE |
| Address | RECOVERY CONNECTIONS OF CENTRAL FLORIDA<br>776 PRESERVE TERRACE |
| City-State-Zip: | LAKE MARY FL 32746 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | COOPER, ROBERT |
| Address | ZERO HOUR LIFE CENTER<br>3070 WEST CARDINAL STREET |
| City-State-Zip: | LECANTO FL 34461 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GUERRA, THOMAS |
| Address | MIAMI RECOVERY PROJECT<br>13045 SW 107 TERRACE |
| City-State-Zip: | MIAMI FL 33186 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MCCONNELL, NANCY |
| Address | REBEL RECOVERY FL<br>212 CHARTER WAY |
| City-State-Zip: | WEST PALM BEACH FL 33407 |