

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011670

Entity Name: FLORIDIANS FOR RECOVERY, INC.

Current Principal Place of Business:

2868 MAHAN DR
STE 3
TALLAHASSEE, FL 32308

FILED
Feb 04, 2020
Secretary of State
5387432911CC

Current Mailing Address:

2868 MAHAN DR
STE 3
TALLAHASSEE, FL 32308 US

FEI Number: 80-0530418

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FONTAINE, MARK
2868 MAHAN DR
STE 1
TALLAHASSEE, FL 32308 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

02/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name FONTAINE, MARK
Address FADAA
2868 MAHAN DRIVE, SUITE 1
City-State-Zip: TALLAHASSEE FL 32308

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

Title DIRECTOR
Name CHRAPEK, KAREN
Address 18 WINDING CREEK WAY
City-State-Zip: ORMOND BEACH FL 32169

Title TREASURER
Name TANNEBAUM, RON
Address IN THE ROOMS
9520 NW 13TH STREET
City-State-Zip: PLANTATION FL 33332

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

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

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

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

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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: MARK FONTAINE

CHAIRMAN

02/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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