

2015 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**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:**GRAN, JILL C
2868 MAHAN DR
STE 3
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:** JILL C. GRAN

04/29/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name CHENEY, TIM
Address 955 TREASURE LANE
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name POMERANCE, KEN
Address 9520 NW 13TH STREET
City-State-Zip: PLANTATION FL 33332

Title DIRECTOR
Name BAND, TYLER
Address 740 BUCHER RD
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name TANNEBAUM, RON
Address 9520 NW 13TH STREET
City-State-Zip: PLANTATION FL 33332

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

Title DIRECTOR
Name ASSELIN, NORM
Address 7300 GROVE RD
City-State-Zip: BROOKSVILLE FL 34613

Title DIRECTOR
Name CHRAPEK, KAREN
Address 18 WINDING CREEK WAY
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name LEHMAN, JOHN
Address 123 NW 13TH STREET
SUITE 212
City-State-Zip: BOCA RATON FL 33432

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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

TREASURER

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEGRON, JULIA
Address 661 ALLIGATOR DR.
City-State-Zip: VENICE FL 34293

Title DIRECTOR
Name GISE, LARRY
Address LGISE@YCCINC.ORG
City-State-Zip: BOCA RATON FL

Title DIRECTOR
Name RAAB, AUTUMN
Address 418 1/2 KANUGA DRIVE
APARTMENT 5
City-State-Zip: WEST PALM BEACH FL 33401