2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2016
Secretary of State
CC4011535095

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 04/15/2016

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 P. FONTAINE TREASURER 04/15/2016

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