## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000002530

Entity Name: ADDICTION EDUCATION FOUNDATION INC.

FILED Feb 07, 2025 Secretary of State 4474709444CC

**Current Principal Place of Business:** 

8 ALICEN CT

ORMOND BEACH, FL 32174

**Current Mailing Address:** 

8 ALICEN CT

ORMOND BEACH. FL 32174 US

FEI Number: 86-2363058 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KYLE, KELLEY CPA 1620 S. CLYDE MORRIS BLVD. SUITE 100

PORT ORANGE, FL 32119 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 ED Title BOD

Name TISHLER, BARRY DR. Name GARCEAU, KAREN

Address 8 ALICEN CT Address 8 ALICEN CT

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title BOD

Name JENKINS, ALBERT Address 272 PUTNUM AVE

City-State-Zip: ORMOND BEACH FL 32174

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: DR. BARRY TISHLER

**EXECUTIVE DIRECTOR** 

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date