

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25403

Entity Name: FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC.**Current Principal Place of Business:**121 EAST FIRST STREET
SANFORD, FL 32771**Current Mailing Address:**PO BOX 2309
SANFORD, FL 32772 US**FEI Number:** 59-2968614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIFFIN, DAVID ESQ
121 EAST 1ST STREET
SANFORD, FL 32771 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	D
Name	WEINSTEIN, SCOTT
Address	2335 E. ATLANTIC BLVD. SUITE 410
City-State-Zip:	POMPANO BEACH FL 33062

Title	D, S
Name	SASNETT-STAUFFER, GAIL
Address	3044 SW 70TH LANE
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	COLON, JOHN
Address	1305 MAIN ST. STE 1200
City-State-Zip:	SARASOTA FL 34236

Title	DV
Name	FONTANA, JOHN
Address	5223 N. ORIENT RD
City-State-Zip:	TAMPA FL 33610

Title	PRESIDENT
Name	GRIFFIN, DAVID ESQ.
Address	121 EAST 1ST STREET
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	PELLIZZARI, PAUL
Address	PO BOX 2309
City-State-Zip:	SANFORD FL 32772

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: DAVID GRIFFIN**PRESIDENT****02/09/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date