

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22073 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22073 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3035096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22073 U.S. HWY 19 NO.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: ALDERMAN, CHERYL A
Address: 22073 US HWY 19 N.
City-St-Zip: CLEARWATER, FL 33765

Title: VP
Name: CAITAK, DORIS
Address: 22073 US HWY 19 N.
City-St-Zip: CLEARWATER, FL 33765

Title: VP
Name: MARTINAZZI, LUCA
Address: 22073 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33765

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: CHERYL A ALDERMAN

PD

04/29/2011

Electronic Signature of Signing Officer or Director

Date

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2010
Secretary of State

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

22073 U.S. HWY 19 NO.
CLEARWATER, FL 33765

Current Mailing Address:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

22073 U.S. HWY 19 NO.
CLEARWATER, FL 33765

FEI Number: 59-3035096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

ALDERMAN, CHERYL A
22073 U.S. HWY 19 NO.
CLEARWATER, FL 33765 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

03/03/2010

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ALDERMAN, CHERYL A
Address: 22073 US HWY 19 N.
City-St-Zip: CLEARWATER, FL 33765

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: CHERYL A. ALDERMAN

Electronic Signature of Signing Officer or Director

PRES

03/03/2010

Date

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 13, 2009
Secretary of State**

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3035096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: VPD (X) Delete
Name: HUNT, WARREN C
Address: 813 OXFORD DRIVE
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALDERMAN, CHERYL A
Address: 1402 W. VIRGINIA LANE
City-St-Zip: CLEARWATER, FL 33759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL A. ALDERMAN

PD

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2008
Secretary of State**

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3035096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete
Name: WITTER, WILLIAM P
Address: 2041 LAKEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HUNT, WARREN C
Address: 813 OXFORD DRIVE
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL A. ALDERMAN

PD

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3035096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete
Name: WITTER, WILLIAM P
Address: 2041 LAKEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL A. ALDERMAN

P

01/29/2007

Electronic Signature of Signing Officer or Director

_____ Date

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2006
Secretary of State**

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3035096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete
Name: WITTER, WILLIAM P
Address: 2041 LAKEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL A. ALDERMAN

PD

04/14/2006

Electronic Signature of Signing Officer or Director

_____ Date

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2005
Secretary of State**

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3035096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete
Name: WITTER, WILLIAM P
Address: 2041 LAKEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL A. ALDERMAN

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2004
Secretary of State**

DOCUMENT# N95000003846

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3035096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, CHERYL A
22079 U.S. HWY 19 NO.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete
Name: WITTER, WILLIAM P
Address: 2041 LAKEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: ST (X) Delete
Name: WILSON, SUZANNE C
Address: 540 BAY STREET
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL A. ALDERMAN

PD

01/12/2004

Electronic Signature of Signing Officer or Director

_____ Date

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90133 007 ****61.25

DOCUMENT # N95000003846



1. Entity Name
NARCONON FLORIDA, INC.

Principal Place of Business 314 SO. MISSOURI AVE SUITE 104 CLEARWATER FL 33756	Mailing Address 314 SO. MISSOURI AVE SUITE 104 CLEARWATER FL 33756
--	--

30015634



2. Principal Place of Business 22079 U.S. Hwy. 19 No.	3. Mailing Address 22079 U.S. Hwy. 19 No.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33765	Country US
Zip 33765	Country US

4. FEI Number **59-3035096** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PERRY, CHARLES
1100 CLEVELAND STREET
SUITE 900
CLEARWATER FL 34615**

7. Name and Address of New Registered Agent

Name **CHERYL A. ALDERMAN**
Street Address (P.O. Box Number is Not Acceptable)
22079 U.S. HWY. 19 NO.
City **CLEARWATER** FL Zip Code **33765**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CHERYL A. ALDERMAN
(NOTE: Registered Agent signature required when reinstating)

1/27/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input type="checkbox"/> Delete
NAME ALDERMAN, CHERYL A	
STREET ADDRESS 2702 WHITNEY ROAD	
CITY-ST-ZIP CLEARWATER FL 33760	
TITLE VPD	<input type="checkbox"/> Delete
NAME WITTER, WILLIAM P	
STREET ADDRESS 2041 LAKEWOOD DRIVE	
CITY-ST-ZIP DUNEDIN FL 34698	
TITLE ST	<input type="checkbox"/> Delete
NAME WILSON, SUZANNE C	
STREET ADDRESS 540 BAY STREET	
CITY-ST-ZIP DUNEDIN FL 34698	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment, with all other like empowered.

SIGNATURE **REQUIRED** **CHERYL A. ALDERMAN**, 1/27/03 727-796-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E037 (10/02)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003846

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: NARCONON FLORIDA, INC.

Current Principal Place of Business:

2702 WHITNEY ROAD
CLEARWATER, FL 33760

New Principal Place of Business:

314 SO. MISSOURI AVE
SUITE 104
CLEARWATER, FL 33756

Current Mailing Address:

2702 WHITNEY ROAD
CLEARWATER, FL 33760

New Mailing Address:

314 SO. MISSOURI AVE
SUITE 104
CLEARWATER, FL 33756

FEI Number: 59-3035096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, CHARLES
1100 CLEVELAND STREET
SUITE 900
CLEARWATER, FL 34615 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: PD () Delete
Name: WITTER, DEBRA D
Address: 2041 LAKEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: WITTER, WILLIAM P
Address: 2041 LAKEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALDERMAN, CHERYL A
Address: 2702 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: VPD (X) Change () Addition
Name: WITTER, WILLIAM P
Address: 2041 LAKEWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: ST (X) Change () Addition
Name: WILSON, SUZANNE C
Address: 540 BAY STREET
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL A. ALDERMAN

P

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90082 024 ***158.75

C 63372

DOCUMENT # N95000003846

1. Entity Name

NARCONON FLORIDA, INC.

Principal Place of Business

**2702 WHITNEY ROAD
 CLEARWATER FL 33760**

Mailing Address

**2702 WHITNEY ROAD
 CLEARWATER FL 33760**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

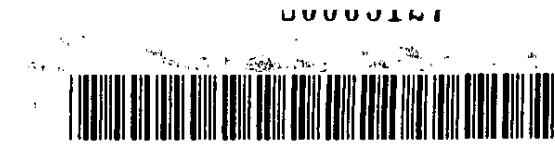
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3339111

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERRY, CHARLES
 1100 CLEVELAND STREET
 SUITE 900
 CLEARWATER FL 34615**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	ALDERMAN, CHERYL A	
STREET ADDRESS	2702 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WITTER, DEBRA D	
STREET ADDRESS	2041 LAKEWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WITTER, WILLIAM P	
STREET ADDRESS	2041 LAKEWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of the same empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl A Alderman VP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-01
 DATE

(727)
 536-3656
 DAYTIME PHONE #

CR2E037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

083000

DOCUMENT # N95000003846 (1)

FILED

00 AUG 31 AM 11:26

1. Entity Name
NARCONON FLORIDA, INC.

(address and officer change)

Principal Place of Business Mailing Address

2702 Whitney Road Same
Clearwater, Florida
33760 USA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
2702 Whitney Road same
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater, Florida

City & State

4. FEI Number
59-3339111

Applied For
Not Applicable

Zip Country
33760 USA

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Perry, Charles
1100 Cleveland Street
Suite 900
Clearwater, Florida 34615

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 Charles Perry 6 July 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D Kerr, David L	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
STREET ADDRESS	300 No Osceola Ave., Apt 5-C	
CITY-ST-ZIP	Clearwater, Fl 33755	
TITLE NAME	P/D Witter, Debra D	<input type="checkbox"/> Delete
STREET ADDRESS	2041 Lakewood Drive	
CITY-ST-ZIP	Dunedin, Florida 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME	VP/D Witter, William P	<input type="checkbox"/> Delete
STREET ADDRESS	2041 Lakewood Drive	
CITY-ST-ZIP	Dunedin, Florida 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VP/S/D Alderman, Cheryl A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2702 Whitney Road	
CITY-ST-ZIP	Clearwater, Fl 33760	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CRZE034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra D. Witter* Debra D. Witter 727-536-3656 6 July 2000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 2000

FILED

00 FEB 18 PM 2:43

SECRETARY OF STATE FLORIDA



DOCUMENT # N95000003846 (1)

1. Corporation Name

NARCONON FLORIDA, INC.

REINSTATEMENT

Principal Place of Business

Mailing Address

303 NORTH FT. HARRISON AVENUE CLEARWATER FL 34615

303 NORTH FT. HARRISON AVENUE CLEARWATER FL 34615

REINSTATEMENT 08-2000

3. Date Incorporated or Qualified 08/11/1995 3a. Date of Last Report

2. Principal Place of Business 21 639 Cleveland St 22 Suite 200 23 Clearwater, FL 24 33755 25 USA 26 27 28 29 30 4. FEI Number 59-3339111 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent PERRY, CHARLES 1100 CLEVELAND STREET SUITE 900 CLEARWATER FL 34615 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: DAVID L. KERR 2/17/00 466-6697

CR2E037 (12/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 SEP 17 PH 1:08

DOCUMENT # N95000003846 (1)

1. Corporation Name

NARCONON FLORIDA, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: 303 NORTH FT. HARRISON AVENUE CLEARWATER FL 34615
 Mailing Address: 303 NORTH FT. HARRISON AVENUE CLEARWATER FL 34615

3. Date Incorporated or Qualified: 08/11/1995
 3a. Date of Last Report

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)
 Suite, Apt. #, etc. (22, 27)
 City & State (23, 28)
 Zip (24, 29) Country (25, 30)

4. FEI Number: 58-333911
 Applied For: Not Appl cable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, CHARLES
 1100 CLEVELAND STREET
 SUITE 900
 CLEARWATER FL 34615

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [] DELETE
 NAME: KERR, DAVID L
 STREET ADDRESS: 1761 KENESAW LANE
 CITY-ST-ZIP: CLEARWATER FL 34625

1.2 TITLE: [] DELETE
 NAME: RASMUSIN, JAN D
 STREET ADDRESS: 601 ROSARY ROAD, #902
 CITY-ST-ZIP: LARGO FL 34640

1.3 TITLE: [] DELETE
 NAME: HAMMOND, MICHAEL G
 STREET ADDRESS: 511 N OSCEOLA AVE
 CITY-ST-ZIP: CLEARWATER FL 34615

1.4 TITLE: [] DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

1.5 TITLE: [] DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

1.1 TITLE: [] Change [] Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

1.2 TITLE: [] Change [] Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

1.3 TITLE: [] Change [] Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

1.4 TITLE: [] Change [] Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

1.5 TITLE: [] Change [] Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

700002298277-4
 -09/19/97--01088--001
 *****1.25 *****01.25

A. Alan
 9/19/97

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: Sep 16/97 DAYTIME PHONE #: 813-285-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (3/96)