

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004211

1. Corporation Name

VICTORY OVER ADDICTION INTERNATIONAL, INC.

Principal Place of Business

5370 MERION WAY  
STUART FL 34997

Mailing Address

5370 MERION WAY  
STUART FL 34997

FILED

Feb 19, 1999 8:00am  
Secretary of State

02-19-1999 90039 050 \*\*\*\*\*61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/23/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0534088

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDOWELL, WILLIAM  
5370 MERION WAY  
STUART FL 34997

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MACDOWELL, ELIZABETH T  
STREET ADDRESS 5370 MERION WAY  
CITY-ST-ZIP STUART FL 34997

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV ☐ DELETE  
NAME MACDOWELL, WILLIAM  
STREET ADDRESS 5370 MERION WAY  
CITY-ST-ZIP STUART FL 34997

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV ☐ DELETE  
NAME CAPUTO, THERESA  
STREET ADDRESS 7423 SE JAMESTOWN TER  
CITY-ST-ZIP HOBE SOUND FL 33455

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

*Elizabeth T. Macdowell*

1/26/99 (61) 221-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)