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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739648** **(4)**

1. Corporation Name

PROGRAM TO AID DRUG-ABUSERS, INC.

Principal Place of Business	Mailing Address
1325 GEO JENKINS BLVD P O BOX 1067 LAKELAND FL 33802 US	1325 GEO JENKINS BLVD P O BOX 1067 LAKELAND FL 33802 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1977	3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1755444	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREEN, TONY 1325 GEO JENKINS BLVD LAKELAND FL 33802	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 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	F [illegible] ☒ Change ☐ Addition
NAME	LEVY, MOREDCAI	12 NAME	[illegible]
STREET ADDRESS	4320 CARROLLWOOD VILL.DR	13 STREET ADDRESS	[illegible]
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	[illegible]
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, PEGGY	22 NAME	
STREET ADDRESS	331 EASTON DR	23 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GREEN, TONY	32 NAME	
STREET ADDRESS	2208 COUNTRY BEND S	33 STREET ADDRESS	
CITY ST ZIP	LAKELAND, FL 00000	34 CITY ST ZIP	
TITLE	D	41 TITLE	[illegible] ☒ Change ☐ Addition
NAME	LEVY, RANA	42 NAME	[illegible]
STREET ADDRESS	4320 CARROLLWOOD VLG DR	43 STREET ADDRESS	[illegible] AVE
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	[illegible]
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Tony Green   4-25-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0066036