

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739648 (4)

1. Corporation Name

PROGRAM TO AID DRUG-ABUSERS, INC.



Principal Place of Business

1325 GEO JENKINS BLVD
P O BOX 1067
LAKELAND FL 33802
US

Mailing Address

1325 GEO JENKINS BLVD
P O BOX 1067
LAKELAND FL 33802
US

3. Date Incorporated or Qualified
07/13/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GREEN, TONY
1325 GEO JENKINS BLVD
LAKELAND FL 33802**

10. Name and Address of New Registered Agent

81. Name

J. Emory Welch

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

1325 GEORGE JENKINS BLVD

83.

84. City

LAKELAND

FL

85. Zip Code

33801

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

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

J. Emory Welch, CEO

(NOTE: Registered Agent signature required when reinstating)

4/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

**ALLEN, CARL
HIGHWAY 92 EAST
AUBURNDALE FL**

STREET ADDRESS

CITY-ST-ZIP

☒ DELETE

TITLE

DT

NAME

**BROWN, PEGGY
331 EASTON DR
LAKELAND, FL 00000**

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

D

NAME

**GREEN, TONY
2208 COUNTRY BEND S
LAKELAND, FL 00000**

STREET ADDRESS

CITY-ST-ZIP

☒ DELETE

TITLE

D

NAME

**LONGWORTH, LEO
1610 N. BROADWAY AVENUE
BARTOW FL**

STREET ADDRESS

CITY-ST-ZIP

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Board member D

☐ Change

☒ Addition

1.2 NAME

Michael Terry

1.3 STREET ADDRESS

2510 N FIA. Ave

1.4 CITY-ST-ZIP

LAKELAND FL 33805

☐ Change

☒ Addition

2.1 TITLE

Board member D

☐ Change

☒ Addition

2.2 NAME

Eugene Roberts

2.3 STREET ADDRESS

524 Pablo St

2.4 CITY-ST-ZIP

LAKELAND FL 33803

☐ Change

☒ Addition

3.1 TITLE

Board member D

☐ Change

☒ Addition

3.2 NAME

Sherwood Smith

3.3 STREET ADDRESS

1515 Leighton Ave

3.4 CITY-ST-ZIP

LAKELAND FL 33803

☐ Change

☒ Addition

4.1 TITLE

Board member D

☐ Change

☒ Addition

4.2 NAME

Mike Boehm

4.3 STREET ADDRESS

1801 Monotassessa Rd St 1

4.4 CITY-ST-ZIP

Plant City FL 33566

☐ Change

☐ Addition

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

600001804256

5.4 CITY-ST-ZIP

-05/02/96--01013--022

*****61.25**

☐ Change

☐ Addition

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5-1-96

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:

J. Emory Welch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

DATE

(941) 682-8111

DAYTIME PHONE #

CR2E037 (12/95)