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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33802-1067
US



3. Date Incorporated or Qualified
07/13/1977

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1755444

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24 **33815**

Country

29 **33815**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELCH, EMORY J
1325 GEO JENKINS BLVD
LAKELAND FL 33801

81 Name

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

83

84 City

FL 85 Zip Code
33815

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

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

EMORY WELCH, C.E.O.
(NOTE: Registered Agent signature required when reinstating)

4/10/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TERRY, MICHAEL	
STREET ADDRESS	2510 N FL AVE.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, PEGGY	
STREET ADDRESS	331 EASTON DR	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, SHERWOOD	
STREET ADDRESS	1515 LEIGHTON AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOEHM, MIKE	
STREET ADDRESS	18012 THOMOTOSASSA RD. ST 1	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERTS, EUGENE	
1.3 STREET ADDRESS	524 PABLO ST.	
1.4 CITY-ST-ZIP	LAKELAND, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NOAD, MARYELLEN	
2.3 STREET ADDRESS	1503 LITTLE JOHN'S TRAIL	
2.4 CITY-ST-ZIP	LAKELAND, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	POLONAS, DAVID	
3.3 STREET ADDRESS	2510 N. FLORIDA AVE.	
3.4 CITY-ST-ZIP	LAKELAND, FL 33805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TURBEVILLE, TONY	
4.3 STREET ADDRESS	P.O. BOX 484	(N/A)
4.4 CITY-ST-ZIP	KATHLEEN, FL 33849	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GARRETT, HOWARDENE	
5.3 STREET ADDRESS	1911 CHEROKEE TRAIL	
5.4 CITY-ST-ZIP	LAKELAND, FL 33805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STEED, PAT	
6.3 STREET ADDRESS	2248 CRYSTAL GROVE LANE	
6.4 CITY-ST-ZIP	LAKELAND, FL 33801	

14. I do 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.

SIGNATURE: *Eugene Roberts* **EUGENE ROBERTS, PRES.**

4/10/97

Signature typed or printed name of signing officer or director

Date

Daytime Phone # 0062530

CR2E037 (9/96)