

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1325 GEO JENKINS BLVD P O BOX 1067 LAKELAND FL 33815 US</b>	Mailing Address <b>1325 GEO JENKINS BLVD P O BOX 1067 LAKELAND FL 33802 US</b>
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3. Date Incorporated or Qualified <b>07/13/1977</b>
4. FEI Number <b>59-1755444</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WELCH, EMORY J 1325 GEO JENKINS BLVD LAKELAND FL 33815</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* **2/18/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>ROBERTS, EUGENE</b>
STREET ADDRESS	<b>524 PABLO ST</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	DS <input type="checkbox"/> DELETE
NAME	<b>NOAD, MARYELLEN</b>
STREET ADDRESS	<b>1503 LITTLE JOHN'S TRAIL</b>
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>SMITH, SHERWOOD</b>
STREET ADDRESS	<b>1515 LEIGHTON AVE</b>
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>TURBEVILLE, TONY</b>
STREET ADDRESS	<b>P.O BOX 484 N/A</b>
CITY-ST-ZIP	<b>KATHLEEN FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>GARRETT, HOWARDENE</b>
STREET ADDRESS	<b>1911 CHEROKEE TRAIL</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>STEED, PAT</b>
STREET ADDRESS	<b>2248 CRYSTAL GROVE LANE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>

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

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.

SIGNATURE: *[Signature]* **2/18/98** **(941) 616-9595**  
 EUGENE ROBERTS

CR2E037 (10/97)