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Mar 17, 1999 8:00 am
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03-17-1999 90012 039 ***122.50

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 739648

1. Corporation Name

PROGRAM TO AID DRUG-ABUSERS, INC.

Principal Place of Business

1325 GEO JENKINS BLVD
P O BOX 1067
LAKELAND FL 33815
US

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/13/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1755444

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 33815

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 DP ☐ DELETE
NAME ROBERTS, EUGENE
STREET ADDRESS 524 PABLO ST
CITY-ST-ZIP LAKELAND FL

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

TITLE DS ☐ DELETE
NAME NOAD, MARYELLEN
STREET ADDRESS 1503 LITTLE JOHN'S TRAIL
CITY-ST-ZIP LAKELAND, FL 00000

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

TITLE D ☐ DELETE
NAME SMITH, SHERWOOD
STREET ADDRESS 1515 LEIGHTON AVE
CITY-ST-ZIP LAKELAND FL 33803

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

TITLE D ☐ DELETE
NAME TURBEVILLE, TONY
STREET ADDRESS P.O BOX 484 N/A
CITY-ST-ZIP KATHLEEN FL

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

TITLE D ☐ DELETE
NAME GARRETT, HOWARDENE
STREET ADDRESS 1911 CHEROKEE TRAIL
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ DELETE
NAME STEED, PAT
STREET ADDRESS 2248 CRYSTAL GROVE LANE
CITY-ST-ZIP LAKELAND FL

6.1 TITLE ☐ Change ☐ 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 exemptions 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:

Eugene Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE ROBERTS 3/1/99 (941)682-8111

Date

Daytime Phone #

CR2E037 (1/98)