FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05016 (3)

1. Corporation Name
CHEMICAL PEOPLE FOR DRUG FREE YOUTH, INC.

Principal Place of Business	Mailing Address
1437 S. DIXIE FREEWAY NEW SMYRNA BEACH FL 32169 US	1437 S. DIXIE FREEWAY NEW SMYRNA BEACH FL 32169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1984
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2455801 ☐ 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 Same	26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DOROTHY E. LARSON
311 FRANCES DR.
APT. #6
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

31 Name: Dorothy E. Larson
32 Street Address (P.O. Box Number Is Not Acceptable): 2051 Pioneer Trail Lot 72
33:
34 City: New Smyrna Beach FL 35 Zip Code: 32168

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: N/A
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	D	1.1 TITLE	P/D	☐ Change ☐ Addition
NAME	GRACOM, CLARE	1.2 NAME	Dorothy E. Larson	
STREET ADDRESS	3045 VISTA PALM DR	1.3 STREET ADDRESS	2051 Pioneer Trail Lot 72	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168	
TITLE	PD	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	LARSON, DOROTHY	2.2 NAME	Katy Acres	
STREET ADDRESS	311 FRANCES DR., APT 6	2.3 STREET ADDRESS	1601 Beacon St.	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32169	
TITLE	MD	3.1 TITLE	S/D	☐ Change ☐ Addition
NAME	KEMP, DEBORAH	3.2 NAME	Ruth Wendorff	
STREET ADDRESS	3030 VISTA PALM DR.	3.3 STREET ADDRESS	123 Lake Fairgreen Circle	
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168	
TITLE	TD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	SMITH, PATRICIA	4.2 NAME	Jane Curry	
STREET ADDRESS	641 MIDDLEBURY LOOP	4.3 STREET ADDRESS	2507 Saxon Drive	
CITY-ST-ZIP	NEW SMYRNA BCH FL	4.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32169	
TITLE	SD	5.1 TITLE	D	☐ Change ☐ Addition
NAME	WENDORFF, RUTH	5.2 NAME	Clare Gracom	
STREET ADDRESS	4658 SHADY OAKS LANE	5.3 STREET ADDRESS	3045 Vista Palm Dr.	
CITY-ST-ZIP	EDGEWATER FL	5.4 CITY-ST-ZIP	Edgewater, Fl. 32141	
TITLE	VPD	6.1 TITLE	M/D	☐ Change ☐ Addition
NAME	CVACH, LYNN	6.2 NAME	Deborah Kemp	
STREET ADDRESS	112 N. CORY DR.	6.3 STREET ADDRESS	3030 Vista Palm Dr.	
CITY-ST-ZIP	EDGEWATER FL	6.4 CITY-ST-ZIP	Edgewater, Fl. 32141	

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)(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: Deborah Kemp Deborah Kemp, Director 4/17/95 423-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #