FILE NOW: FILING FEE IS $61.25

FILED
Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32168 US	1437 S. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168-7604 US

3. Date Incorporated or Qualified: 09/06/1984
3a. Date of Last Report: 03/08/1996

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

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

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

9. Name and Address of Current Registered Agent

DOROTHY E. LARSON
2051 PIONEER TRAIL LOT 72
APT. #6
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VPD	☐ Change ■ Addition
NAME	ACRES, KATY		1.2 NAME	MCPARTLAND, ATHENA	
STREET ADDRESS	1601 BEACON ST		1.3 STREET ADDRESS	523 SO. PENINSULA AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL	
TITLE	VPD	■ DELETE	2.1 TITLE	TD	☐ Change ■ Addition
NAME	LARSON, DOROTHY E.		2.2 NAME	GRUETER, THOMAS L.	
STREET ADDRESS	2051 PIONEER TRAIL, LOT 72, APT 6		2.3 STREET ADDRESS	16 BOGEY CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ■ Addition
NAME	WENDORFF-FAIR, RUTH		3.2 NAME	STAIER, BUDDY	
STREET ADDRESS	123 LAKE FAIRGREEN CIRCLE		3.3 STREET ADDRESS	20007 SAXON DRIVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL		3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL	
TITLE	TD	■ DELETE	4.1 TITLE	D	☐ Change ■ Addition
NAME	CURRY, JANE		4.2 NAME	MARSHALL, JOSIE	
STREET ADDRESS	2507 SAXON DRIVE		4.3 STREET ADDRESS	524 JULIA STREET	
CITY-ST-ZIP	NEW SYMYRNA BEACH FL		4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL	
TITLE	SD	■ DELETE	5.1 TITLE	D	☐ Change ■ Addition
NAME	WENDORFF, RUTH		5.2 NAME	GALLIANO, ROSA	
STREET ADDRESS	4658 SHADY OAKS LANE		5.3 STREET ADDRESS	220 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	EDGEWATER FL		5.4 CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE	D	■ DELETE	6.1 TITLE	D	☐ Change ■ Addition
NAME	POWELL, VERA		6.2 NAME	WELLS, EARL	
STREET ADDRESS	822 E 27TH AVE		6.3 STREET ADDRESS	332 TYROON COURT	
CITY-ST-ZIP	NEW SMYRNA BCH FL		6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL	

CR2E037 (9/96)

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: THOMAS L. GRUETER _____ 2/20/97 904/423-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0003082