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FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05016 (3)
1. Corporation Name
CHEMICAL PEOPLE FOR DRUG FREE YOUTH, INC.



Principal Place of Business 1437 S. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168 US	Mailing Address 1437 S. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168 US
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3. Date Incorporated or Qualified 09/06/1984	
4. FEI Number 59-2455801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DOROTHY E. LARSON 2051 PIONEER TRAIL LOT 72 APT. #8 NEW SMYRNA BEACH FL 32168	
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10. Name and Address of New Registered Agent 81 Name CHESTER ACRES 82 Street Address (P.O. Box Number is Not Acceptable) 1601 BEACON ST. 83 84 City NEW SMYRNA BEACH FL 85 Zip Code 32168	
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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 *Thomas L Grueter* *Secretary* *7/22/98*
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ACRES, KATY 1601 BEACON ST NEW SMYRNA BCH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCPARTLAND, ATHENA 523 S PENINSULA AVE NEW SMYRNA BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENDORFF-FAIR, RUTH 123 LAKE FAIRGREEN CIRCLE NEW SMYRNA BCH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUETER, THOMAS L 16 BOGEY CIRCLE NEW SMYRNA BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIER, BUDDY 20007 SAXON DR NEW SMYRNA BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, JOSIE 524 JULIA ST NEW SMYRNA BEACH FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VPD GALLIANO, ROSA 1829 WILLOW OAK DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD ACRES, CHESTER 1601 BEACON ST. NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D FAIR, RUTH 123 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D FLEMING, DENVER - POLICE CHIEF, N.S.B. N.S.B. POLICE DEPT., 1400 US 1, NORTH NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D WELLS, EARL 332 TYROON COURT NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Thomas L Grueter* **THOMAS L GRUETER** *7/16/98* **7/16/98**

CR2E037 (10/97)