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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N10011

(7)

1725 32ND AVE	FIGHT DRUG ABUSE IN INDIAN RIVER COUNTY, INC.						
### DEACH FL 32980 ### DE	Principal Place of Business Mailing Address						IIEN KIBIR BIBIR BIBIR BIBIR BIBIR KABI
Principal Place of Business 2a Making Address 2a Making Address 4. FET humber 59-2692881 Applied For							
2. Mounts 2. M						•	1
Suite, Apt. 4, etc. Suite			<u> </u>			4. FEI Number	
227 City & State 277 City & State 278 City & State 279 City & State 289 City & Country 289 City & Co						59-2692881	
28	22				5. Certificate of Status Desired		
Zep			⊢ ·	¬ ·		1	5.00 May Be
				Zio Countri			Added to Fees
9. Name and Address of Current Registered Agent MORGAN, DAVID C. 2101 15TH AVE. 82 Succi Address (P.O. Box Number is Not Acceptable)	24						
STREET ADDRESS DELETE DELETE DELETE DELETE DEL				130			
201 15Th AVE VERO BEACH FL 32961				81	Name		gravioo rigorii
201 15Th AVE VERO BEACH FL 32961	MORGA	N. DAVID C.		82	Street Aski	loca /P.O. Box Number is Not Acceptable	
Bad City FL Set Zip Code				02	Calcel Add	ress (i.e. bex Number is Not Acceptable	9
11. Pursuant to the provisions of Sections (17.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am cregistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent. I am cregistered agent, and accept the obligations of Scotion 617.0503, Floridas Statutes. Signature Spallow performance including and the Paykusia. Notic Report agent agent agent agent agent agent agent agent. I am cregistered agent. I am	VERO BEACH FL 32961			83			
11. Pressant to the provisions of Sections 617.0502 and 617.1503, Florida Statuties, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. Suct change was submits this statement for the purpose of changing its registered agent. I am provide agent agent in the State of Florida. Suct change was submits this statement for the purpose of changing its registered agent. I am provided agent agent in the state of registered agent. I am provided agent agent in the state of registered agent. I am provided agent agent agent in the state of registered agent. I am provided agent agent agent in the state of registered agent. I am provided agent agent agent in the state of registered agent. I am provided agent agent agent agent in the corporation's board of directors. I hereby accept the approximent agent agent agent agent in the corporation's board of directors. I hereby accept the approximent agent agent agent agent. I am provided agent agent agent. I am provided agent agent agent agent. I am provided agent agent agent agent agent agent agent agent agent. I am provided agent agent. I am provided agent				84	City		85 Zip Code
SIGNATURE	or registe:	eo agent, or both, in the State of Hon	da. Such change was author	ized by the corr	I named corpor poration's boa	ration submits this statement for the purpord of directors. I hereby accept the appoin	and all above size as into a size and into
12.	SIGNATURE						
Title					nt signature reciure		
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34-106 PLANTATION DR.			[]000				Change Addition
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Title	STREET ADDRESS	1725 32ND AVE		3 3 STREFT	F ADDRESS		
NAME MARTELL, MAURICE STREET ADDRESS 39-102 PLANTATION DR. 43 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL D DELETE 51 TITLE D Change Addition NAME HINGSTON, WILLIAM 52 NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 54 CITY-ST-ZIP TITLE DELETE 61 TITLE NAME 62 NAME STREET ADDRESS CITY-ST-ZIP FILE NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 NAME 66 STREET ADDRESS CITY-ST-ZIP 66 ADDRESS CITY-ST-ZIP 66 ADDRESS CITY-ST-ZIP 66 ADDRESS CITY-ST-ZIP	CITY - ST - ZIP	VERO BEACH FL		3.4 City-St-ZiP			
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CITY-ST-ZIP 64CITY-ST-ZIP							
		v certify that the information supplied	with this filing is voluntarily for	mished and doc	ST-ZIP	or the exemption stated in Section 110.03	7/3//W Florido Otobidos 14 -45-

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 25 94 Daytme Phone 4