## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Aug 18 1997 8:00am NONPROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N10011 FIGHT DRUG ABUSE IN INDIAN RIVER COUNTY, INC. Principal Place of Business Mailing Address 1725 32ND AVE. 1725 32ND AVE. VERO BEACH FL 32960 VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 06/28/1985 04/01/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 59-2692881 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 7in This corporation owes or has paid the current year Intangible Yes ☐ No 24 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1** Name MORGAN, DAVID C. 82 Street Address (P.O. Box Number is Not Acceptable) 2101 15TH AVE. VERO BEACH FL 32961 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PVP DELETÉ Change Addition TITLE 1.1 TITLE DURYEA, BILL 1.2 NAME NAME 34-106 PLANTATION DR. STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 THLE **OLENCKI, BERNARD** NAME 22 NAME 36-101 PLANTATION DR. STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Chance Addition TITLE 3.1 TITLE MORRIS, PATTI NAME 3.2 NAME 1725 32ND AVE STREET ADDRESS 3.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 3.4. CfTY-ST-ZIP DELETE 4.1 TITLE Change Addition MARTELL, MAURICE NAME 4. 2 NAME 39-102 PLANTATION DR. STREET ADORESS 4.3 STREET ADDRESS vero beach fl CITY-ST-ZIP, 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME, 10 DOW FERRY HINGSTON, WILLIAM 5.2 NAME 41-202 PLANTATION DR. 12-105 Plantation I STREET ADDRESS **5.3 STREET ADDRESS** VERO BEACH FL CITY-ST-ZIP 5.4 CITY+ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-7/P

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 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.

PEAURED

**FILED**