

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # N16245 (5)

1. Corporation Name

TOW OPERATORS WORKING TO ELIMINATE DRUNK DRIVING
INC.

Principal Place of Business

4238 E. CO. ROAD 140 S.
GREENCASTLE IN 46135

Mailing Address

4238 E. CO. ROAD 140 S.
GREENCASTLE IN 46135



3. Date Incorporated or Qualified
07/31/1986

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21 4240 E. CO. RD. 140 S.

2a. Mailing Address

26 SAME

4. FEI Number
59-2868777

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 GREENCASTLE IN

27

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 46135

25

USA

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUERY, RANDY
4238 E. CO. ROAD 140 S.
GREENCASTLE IN 46135

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4240 E. CO. RD. 140 S.

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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 617.1503, Florida Statutes.

SIGNATURE Randy Query

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/96

12. OFFICERS AND DIRECTORS

TITLE TC
NAME QUERY, RANDY
STREET ADDRESS 4238 E. CO. ROAD 140 S.
CITY-ST-ZIP GREENCASTLE IN 46135

TITLE T
NAME WILLSEY, DAN
STREET ADDRESS 1560 PIONEER WAY
CITY-ST-ZIP EL CAJON CA 92020

TITLE TT
NAME DAVEY, JANET
STREET ADDRESS 2632 MAIN ST. LOT 2
CITY-ST-ZIP MAINE NY 13802

TITLE T
NAME JONES, DAVE
STREET ADDRESS 7155 S. HWY. 17-92
CITY-ST-ZIP FERN PARK FL 32730

TITLE T
NAME JONES, HELEN T
STREET ADDRESS 7155 S. HWY. 17-92
CITY-ST-ZIP FERN PARK FL 32730

TITLE T
NAME GOERCKE, WARREN
STREET ADDRESS P.O. BOX 9090
CITY-ST-ZIP FARMINGVILLE NY 11738

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition
22 NAME REBECCA BROTHERS
23 STREET ADDRESS 2811 W. Co. Rd. 100 North
24 CITY-ST-ZIP Roachdale, IN 46172

31 TITLE ☐ Change ☒ Addition
32 NAME CLAIR QUINN
33 STREET ADDRESS 150 W. Market St., Ste 330
34 CITY-ST-ZIP Indianapolis, IN 46104

41 TITLE ☐ Change ☒ Addition
42 NAME MIKE ROKICKI
43 STREET ADDRESS 9090 Farmingville
44 CITY-ST-ZIP New York, NY 11738

51 TITLE ☐ Change ☒ Addition
52 NAME LARRY TAYLOR
53 STREET ADDRESS 2 North Jackson St.
54 CITY-ST-ZIP Greencastle, IN 46135

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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:

(Randy Query)

4-24-96 3176533095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)