

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18178** (6)

1. Corporation Name

**CITIZENS AGAINST DRUG ABUSE, INC.**

Principal Place of Business

Mailing Address

% JOHN E. NAYLOR  
P.O. BOX 863  
PALATKA FL 32177

% JOHN E. NAYLOR  
P.O. BOX 863  
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/10/1986**

3a. Date of Last Report  
**01/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 % Taylor Douglas

26 1800 Highway 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
**Palatka, Florida**

27 City & State

23 Zip  
**32177**

Country  
**Putnam**

28 Zip

Country

4. FEI Number

**59-2754751**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, JIMMY  
110 N. ELEVENTH STREET  
PALATKA FL 32077

81 Name

Same as in item 9

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

2116 Laurel Street

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 *John Taylor Douglas*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/23/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME WALKER, E.L.  
STREET ADDRESS 2202 LAUREL STREET  
CITY-ST-ZIP PALATKA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME MIKELL, JOHN L.  
STREET ADDRESS 2207 PALMA CEIA  
CITY-ST-ZIP PALATKA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HILL, JIMMY  
STREET ADDRESS 2116 LAUREL STREET  
CITY-ST-ZIP PALATKA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME THEIS, DAN B.  
STREET ADDRESS 514 MULHOLLAND PARK  
CITY-ST-ZIP PALATKA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DOUGLAS, TAYLOR  
STREET ADDRESS 1800 HIGHWAY 19 NORTH  
CITY-ST-ZIP PALATKA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E037 (4/97)