

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28983 (7)

1. Corporation Name

VOLUSIA/FLAGLER COUNCIL ON ALCOHOL AND DRUG ABUSE INC.

Principal Place of Business

Mailing Address

PO BOX 20
P. O. BOX 204
ORMOND BEACH FL 32175-0204

PO BOX 20
P. O. BOX 204
ORMOND BEACH FL 32175-0204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1988

3a. Date of Last Report
02/09/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

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

**LEAVITT, GUY
57 COURTNEY PLACE
PALM COAST FL 32137**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: C
NAME: SIEGEL, DAVID M
STREET ADDRESS: 1025 SOUTH BCH STR, APT 237
CITY-ST-ZIP: DAYTONA BCH FL

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

**300001487025
-04/27/95--01072--015
****130.00 ****130.00**

TITLE: T
NAME: SEGNER, STEVEN P
STREET ADDRESS: 1737 LOUISIANA RD
CITY-ST-ZIP: SO DAYTONA FL

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

☐ Change ☐ Addition

TITLE: D
NAME: LEAVITT, GUY
STREET ADDRESS: 57 COURTNEY PLACE
CITY-ST-ZIP: PALM COAST FL

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

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

**Director
Seth O Sim
744 Condlowood Cir
Ormond Beach, Fla 32174**

☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

**Director
South, Betty
PO Box 2410 Wm
Daytona Beach, Fla 32115**

☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

**Director
Royal, Dennis
744 Condlowood Cir
Ormond Beach, Fla 32174**

☐ Change ☒ Addition

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 110.07(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:

Steven P Segner
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasurer

3/12/95

704 736 0420