

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
10/25/1988

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 PO Box 21214

26 Suite, Apt. #, etc. Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 South Daytona

27 City & State

24 Zip 32121 25 Country Volusia

28 Zip 29 Country 30

4. FEI Number  
NOT APPLICABLE

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 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 Steven P Segner  
82 Street Address (P.O. Box Number is Not Acceptable)  
1737 Louisiana Rd  
83  
84 City South Daytona FL 85 Zip Code 32119

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Steven P Segner* Steven P Segner Treasurer 5/1/96

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

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

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

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

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

TITLE D  
NAME SETTER, JIM  
STREET ADDRESS 744 CANDLEWOOD CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D  
NAME SOUTH, BETTY  
STREET ADDRESS P.O. BOX 2410 (N/A)  
CITY-ST-ZIP DAYTONA BEACH FL 32115

TITLE D  
NAME ROYAL, DORIS  
STREET ADDRESS 744 CANDLEWOOD CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

100001847741  
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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: *Steven P Segner* Steven P Segner 5/27/96 904 736 0420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
CS 5/1/96

CR2E037 (12/95)