

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 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 # N28983 (7)**  
1. Corporation Name  
**VOLUSIA/FLAGLER COUNCIL ON ALCOHOL AND DRUG ABUS E INC.**



Principal Place of Business <b>PO BOX 21214 SOUTH DAYTONA FL 32121</b>	Mailing Address <b>PO BOX 21214 SOUTH DAYTONA FL 32121</b>
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3. Date Incorporated or Qualified <b>10/25/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SEGNER, STEVEN P  
1737 LOUISIANA RD  
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent  
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 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 *Steven P Segner* **Steven P Segner Treasurer 6/6/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>SIEGEL, DAVID M</b>
STREET ADDRESS	<b>1025 SOUTH BCH STR, APT 237</b>
CITY-ST-ZIP	<b>DAYTONA BCH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SEGNER, STEVEN P</b>
STREET ADDRESS	<b>1737 LOUISIANA RD</b>
CITY-ST-ZIP	<b>SO DAYTONA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SETTER, JIM</b>
STREET ADDRESS	<b>744 CANDLEWOOD CIRCLE</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SOUTH, BETTY</b>
STREET ADDRESS	<b>P.O. BOX 2410 (N/A)</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32115</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROYAL, DORIS</b>
STREET ADDRESS	<b>744 CANDLEWOOD CIRCLE</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chair</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Hoffman, Thomas</b>
1.3 STREET ADDRESS	<b>1195 Jacaranda Ave</b>
1.4 CITY-ST-ZIP	<b>Daytona Bch, Fla 32118</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (9/96)