


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 PO BOX 21214 SOUTH DAYTONA FL 32121	Mailing Address PO BOX 21214 SOUTH DAYTONA FL 32121
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3. Date Incorporated or Qualified 10/25/1988	3a. Date of Last Report 05/01/1996
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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	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, DAVID M	1.2 NAME	Hoffman, Thomas
STREET ADDRESS	1025 SOUTH BCH STR, APT 237	1.3 STREET ADDRESS	1115 Jacaranda Ave
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	Daytona Bch, Fla 32118
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGNER, STEVEN P	2.2 NAME	
STREET ADDRESS	1737 LOUISIANA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SO DAYTONA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTER, JIM	3.2 NAME	
STREET ADDRESS	744 CANDLEWOOD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTH, BETTY	4.2 NAME	
STREET ADDRESS	P.O. BOX 2410 (N/A)	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYAL, DORIS	5.2 NAME	
STREET ADDRESS	744 CANDLEWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)