


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90007 019 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28983**

1. Corporation Name

**VOLUSIA/FLAGLER COUNCIL ON ALCOHOL AND DRUG ABUSE INC.**

Principal Place of Business  
PO BOX 21214  
SOUTH DAYTONA FL 32121

Mailing Address  
PO BOX 21214  
SOUTH DAYTONA FL 32121



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	3. Date Incorporated or Qualified 10/25/1988 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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Applied For  
Not Applicable  
\$8.75 Additional Fee Required  
\$5.00 May Be Added to Fees

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

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	<input type="checkbox"/> DELETE
NAME	HOFFMAN, THOMAS	
STREET ADDRESS	1115 JACORANDA AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SEGNER, STEVEN P	
STREET ADDRESS	1737 LOUISIANA RD	
CITY-ST-ZIP	SO DAYTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SETTER, JIM	
STREET ADDRESS	744 CANDLEWOOD CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOUTH, BETTY	
STREET ADDRESS	P.O. BOX 2410 (N/A)	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROYAL, DORIS	
STREET ADDRESS	744 CANDLEWOOD CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hoffman, Thomas	
1.3 STREET ADDRESS	1115 Jacoranda Ave	
1.4 CITY-ST-ZIP	Daytona Bch Fla	
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	Chairperson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Radomacher, Jeanne	
4.3 STREET ADDRESS	211 No. Ridgwood Ave Suite 301	
4.4 CITY-ST-ZIP	Daytona Bch, FL 32114	
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 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, with all other like empowered.

SIGNATURE: *St. Segner*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext 109

CR2E037 (11/98)