

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 # N36676 (7)

1. Corporation Name
PALM BEACH COUNTY SUBSTANCE ABUSE AWARENESS PROGRAM ADVISORY COUNCIL, INC.



Principal Place of Business: **3228 GUN CLUB RD W PALM BEACH FL 33406-3001**
Mailing Address: **PO BOX 15731 W PALM BEACH FL 33416 US**

3. Date Incorporated or Qualified: **02/13/1990**
3a. Date of Last Report: **04/12/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|---|--|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4 | FBI Number | Applied For |
| | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | | 65-0196633 | Not Applicable |
| 22 | City & State | 27 | City & State | 5 | Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6 | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8 | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MCCUTCHEON, CHARLES 3228 GUN CLUB RD W PALM BEACH FL 33406 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 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: _____ (NOTE: Registered Agent signature required when remitting) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|---|---|
| TITLE | DP FERRELL, ROBERT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1812 BANYAN CREEK CIRL N | 1.2 NAME | |
| STREET ADDRESS | BOYNTON BCH FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | DV PIVER, CHUCK | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 111 GEORGIA AVE | 2.2 NAME | |
| STREET ADDRESS | W PALM BCH FL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | DV MCCUTCHEON, PATRICK | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 345 S CONGRESS AVE | 3.2 NAME | |
| STREET ADDRESS | DELRAY BCH FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | DS KISH, JOHN | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3228 GUN CLUB RD | 4.2 NAME | |
| STREET ADDRESS | W PALM BCH FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | DT COPELAND, JOHN | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2100 SE OCEAN BLVD | 5.2 NAME | |
| STREET ADDRESS | STUART FL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: Robert P. Ferrell - President Date: 2-1-96 Telephone: (407) 688-3081

CR2E037 (12/95)