

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0196633

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

**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

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 the applicable:

(NOTE: Registered Agent Signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | FERRELL, ROBERT | |
| STREET ADDRESS | 1812 BANYAN CREEK CIRL N | |
| CITY-ST-ZIP | BOYNTON BCH FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | PIVER, CHUCK | |
| STREET ADDRESS | 111 GEORGIA AVE | |
| CITY-ST-ZIP | W PALM BCH FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MCCUTCHEON, PATRICK | |
| STREET ADDRESS | 345 S CONGRESS AVE | |
| CITY-ST-ZIP | DELRAY BCH FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | KISH, JOHN | |
| STREET ADDRESS | 3228 GUN CLUB RD | |
| CITY-ST-ZIP | W PALM BCH FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | COPELAND, JOHN | |
| STREET ADDRESS | 2100 SE OCEAN BLVD | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (407) 688-3081
Date Daytime Phone #

CR2E037 (12/95)