

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sarah B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 9:08

DOCUMENT # **N41182 (9)**  
1. Corporation Name  
**GREEK ORGANIZATIONS AGAINST DRUGS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O RICHARD B. GLOVER  
2103 CORTEZ ROAD  
JACKSONVILLE FL 32216**  
Mailing Address: **C/O RICHARD B. GLOVER  
2103 CORTEZ ROAD  
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/06/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3041213</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**GLOVER, RICHARD B.  
2103 CORTEZ ROAD  
JACKSONVILLE FL 32216**

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	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (print name and title) \_\_\_\_\_ Signature of Registered Agent (print name and title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GLOVER, RICHARD B.</b>
STREET ADDRESS	<b>2103 CORTEZ RD.</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>DUPEY, GEORGE</b>
STREET ADDRESS	<b>1625 LAKEVIEW DR.</b>
CITY, ST, ZIP	<b>TIFFIN OH</b>
TITLE	<b>D</b>
NAME	<b>PEREZ, ARMANDO</b>
STREET ADDRESS	<b>3132 EASTHAVEN DR. S.</b>
CITY, ST, ZIP	<b>COLUMBUS OH</b>
TITLE	<b>D</b>
NAME	<b>PIERCE, DAVID</b>
STREET ADDRESS	<b>202 NW 3RD PLACE</b>
CITY, ST, ZIP	<b>GRIMES IA</b>
TITLE	<b>D</b>
NAME	<b>EISENHART, GARY</b>
STREET ADDRESS	<b>14275 E REED TWP RD 8</b>
CITY, ST, ZIP	<b>ATTICA OH</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I 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)(b), 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 in the 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: *Richard B. Glover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard B. Glover**

4-27-95 804-641-0964  
Date Telephone