

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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



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**

3. Date Incorporated or Qualified: **12/06/1990**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-3041213**
 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: **GLOVER, RICHARD B., 2103 CORTEZ ROAD, JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: *Richard B. Glover* Signature, typed or printed name of registered agent and title if applicable: **Richard B. Glover** (NOTE: Registered Agent signature required when reinstating) DATE: **6-6-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, RICHARD B.	1.2 NAME	
STREET ADDRESS	2103 CORTEZ RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPEY, GEORGE	2.2 NAME	
STREET ADDRESS	1625 LAKEVIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIFFIN OH	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ARMANDO	3.2 NAME	
STREET ADDRESS	3132 EASTHAVEN DR. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DAVID	4.2 NAME	
STREET ADDRESS	202 NW 3RD PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRIMES IA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENHART, GARY	5.2 NAME	
STREET ADDRESS	14275 E REED TWP RD 8	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATTICA OH	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: *Richard B. Glover* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Richard B. Glover** DATE: **6-6-96** DAYTIME PHONE #: **(904) 641-0964**

CR2E037 (3/96)