

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

C/O RICHARD B. GLOVER
2103 CORTEZ ROAD
JACKSONVILLE FL 32216

C/O RICHARD B. GLOVER
2103 CORTEZ ROAD
JACKSONVILLE FL 32246-2313

3. Date Incorporated or Qualified
12/06/1990

3a. Date of Last Report
06/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3041213

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLOVER, RICHARD B.
2103 CORTEZ ROAD
JACKSONVILLE FL 32216

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME GLOVER, RICHARD B.
STREET ADDRESS 2103 CORTEZ RD.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME DUPEY, GEORGE
STREET ADDRESS 1625 LAKEVIEW DR.
CITY-ST-ZIP TIFFIN OH

2.1 TITLE DIRECTOR Change Addition
2.2 NAME HOWARD M. MITCHELL
2.3 STREET ADDRESS 1239 DOWNER DRIVE
2.4 CITY-ST-ZIP CHARLESTON, SC 29412

TITLE D DELETE
NAME PEREZ, ARMANDO
STREET ADDRESS 3132 EASTHAVEN DR. S.
CITY-ST-ZIP COLUMBUS OH

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME PIERCE, DAVID
STREET ADDRESS 202 NW 3RD PLACE
CITY-ST-ZIP GRIMES IA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME EISENHART, GARY
STREET ADDRESS 14275 E REED TWP RD 8
CITY-ST-ZIP ATTICA OH

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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.

SIGNATURE: *Richard B. Glover* RICHARD B. GLOVER 4-25-97 (904) 641-0964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)