


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # N41182
1. Entity Name
GREEK ORGANIZATIONS AGAINST DRUGS, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.
City & State City & State

4. FEI Number Applied For
59-3041213 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**GLOVER, RICHARD B.
2103 CORTEZ ROAD
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GLOVER, RICHARD B.	
STREET ADDRESS	2103 CORTEZ RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, HOWARD M	
STREET ADDRESS	1239 DOWNER DRIVE	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, ARMANDO	
STREET ADDRESS	8429 LUCRENE DR	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, DAVID	
STREET ADDRESS	6552 BRADFORD DR.	
CITY-ST-ZIP	WEST DES MOINES IA 50266	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISENHART, GARY	
STREET ADDRESS	14275 E REED TWP RD 8	
CITY-ST-ZIP	ATTICA OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard B. Glover **Richard B. Glover** 4-23-05 904-691-0964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #